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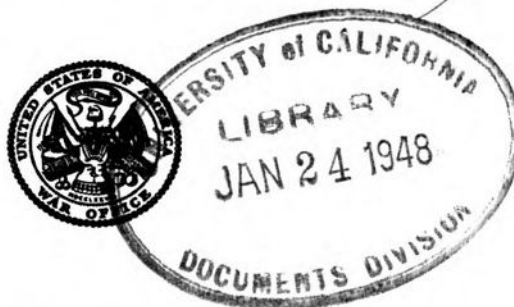
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**CIVIL AFFAIRS GUIDE**  
**DENAZIFICATION OF THE**  
**HEALTH SERVICES AND**  
**MEDICAL PROFESSION**  
**OF GERMANY**



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[AG 461 (26 May 45)]

BY ORDER OF THE SECRETARY OF WAR:

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## SUMMARY

Under the Nazis, the health services of Germany and the practice of medicine have become instruments of fascist policy both at home and abroad. The racial theories of the Nazi State—the prime mover of its political program—have been codified in a series of laws in the execution of which the medical profession has played a key role. Health services which existed before 1933 have been subverted to Nazi policy by means of drastic coordination of administration and function. Little is left of the social insurance system in the field of medical care. The Public Health System, after its legitimate functions had been reduced in scope, became the agency which, with the help of the SS, enforced the Nazi racial laws. Of the health services formerly provided by religious organizations, only minimal care of the aged and unfit remains now that their institutions and facilities have been confiscated for the Party's own uses. The German Red Cross has been developed into a consummate tool of the Nazi regime.

Upon this perverted structure was superimposed the Nazi Party Health Services, which are designed to further racial and political policies and to reward faithful Party members and followers. Through the medical services of the Labor Front, the health of the working population has been placed under the jurisdiction of the Party, which has not hesitated to exhaust workers' physical resources in the interests of total mobilization. The health of foreign workers has been almost completely neglected. The medical care provided for political prisoners in concentration camps has frequently been a means of torture, and in the occupied territories physicians have participated in the crimes committed in the extermination camps. The corruption and brutalization of the medical profession have been made possible through its regimentation in professional organizations, in university and research institute training, and in scientific meetings and publications. The associated and auxiliary medical professions have been similarly regimented, with comparable results.

The following recommendations are made with a view to the denazification of the health services and the medical profession and its auxiliaries:

1. That the basic racial-political laws which have been carried out by the Public Health System, and the statutes denying the right of Jewish persons to practise, be abrogated;

2. That the institutions, offices, and agencies concerned with the execution of Nazi racial policies and the propagation of Nazi principles, be abolished;

3. That the facilities of these institutions, offices, and agencies be placed at the disposal of the occupation authorities and their records and files be seized and placed under military guard;

4. That all medical benefit and health service funds be impounded and placed at the disposal of the occupation authorities for emergency medical care;

5. That all medical schools and research institutes, and specified publishing firms be closed down temporarily, pending purge of personnel and reorganization, and that research in such subjects as racial biology and hygiene be forbidden;

6. That persons occupying positions of over-all leadership be arrested and held for trial for crimes committed within Germany; and

7. That persons in certain other positions of leadership be detained under guard and held for investigation of their activities with respect to the Nazi racial and health program. For the purposes of investigation, specific factors are suggested which may aid in revealing the degree of culpability of the individual physician or member of the auxiliary medical profession.

To provide medical care for the German population during the emergency period with the limited trustworthy personnel which will be available following such a purge, principles for emergency medical care are suggested.

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## **VI**

## FOREWORD

Under the Nazis, the practice of medicine has renounced as its central function the art of healing the sick and prolonging human life. German medicine has underwritten the absurdities of Nazi racial dogma, and has provided the mechanisms both for racial purification and extermination of political opposition within Germany, and for conquest and colonization outside her borders. The health system which the Nazis have set up in Germany can be understood only when viewed as a concomitant of political and economic measures gearing the nation for aggressive war. In the series of scientific perversions which have marked the epoch of National Socialism, the program of imperialist expansion stands as the ultimate goal, a goal that is self-justified and brooks no denial on ethical or humanitarian grounds.

The demilitarization of Germany after defeat or surrender will, therefore, necessitate drastic changes in the existing health system. Abrogation of racial laws, dismissal from office of men holding key posts in the system, and eradication of Party health services will not be sufficient to cleanse the health institutions and medical profession of Germany of imperialist intent. It will be necessary as well to redirect the training of physicians and auxiliary medical personnel, and to reorganize what remains of the health system after denazification. The problem is further complicated by such factors as the severe shortage of doctors, the break-down of sanitary services, and the debility of the population due to underfeeding, excessive hours of work, overcrowding and lack of housing, traumatic injuries from bombing and artillery, and the revulsion of defeat.

It is the purpose of this report to outline briefly the racial theories and racial laws which provided the basis for the changes and innovations the Nazis introduced into the health system of Germany, to describe the system as it exists today, and to recommend measures, to be taken immediately upon occupation, which will eliminate the salient Nazi features of the system. In addition, principles of administration are suggested for any emergency health program which may be undertaken to cope with the health situation outlined above and which at the same time is designed to prevent the spread of epidemics among United Nations armed

forces and to maintain among the people of Germany a standard of health adequate to permit their working for the armed forces, for the liberated areas, and for fulfillment of their own needs. It has not been considered within the province of this report to suggest a completely worked-out program for emergency medical care or for the future organization of the health system of Germany and for the future training and retraining of physicians and auxiliary medical personnel.

# CONFIDENTIAL

## I. NAZI RACIAL THEORIES AND RACIAL LAWS

### NAZI THEORIES OF RACE<sup>1</sup>

The cornerstone of the National Socialist structure is the concept of race. Race is determined by blood, and race in turn determines "the deepest and most unconscious impulses of [man's] soul. . . . Race sets its imprint on man's spiritual features no less than on his outward form. It determines his thoughts and perceptions, his powers and his instincts. It decides his character, his nature. . . ."<sup>2</sup> In the Nazi hierarchy of races, the Aryan race stands supreme, embodying all physical and spiritual virtue, responsible for all that is highest in past civilizations, and alone capable of dominating future civilizations.

This reversal of the findings of genetics and physiology has not gone unchallenged outside of Germany.<sup>3</sup> But within Germany, professional pressures and the strategy of terror have been brought to bear against those who have dared to dissent. The critical methodology of science has been denied as obsolete and as an insidious tool of degenerate intellectuals who would betray the Germany national renaissance. Scientific truth has thus become wholly subordinate to political purpose. "Science," proclaimed Professor Johannes Stark, "like every other product, is racial, and conditioned by blood."<sup>4</sup>

A number of propositions stem from the basic dogma of race. The *Volk* (Nation) is rooted in the sacred soil of Germany which it waters with its blood.<sup>5</sup> The character of the State is determined by the racial composition of the *Volk*, and in the totality of *Volk* and State, the individual is submerged. The *Fuehrer* is the embodiment of and gives expression to the aspirations of the *Volk*.<sup>6</sup> As the symbol of the *Volk* and the head of the State, the *Fuehrer* has supreme authority; his decisions are final and his followers

<sup>1</sup> Throughout this report, the Nazi usage of such terms as "race" and "Aryan" are to be understood as an absurd and dangerous distortion of scientific evidence. Hence the usual quotation marks, calling attention to fallacious reasoning, will be omitted. Quotation marks will be placed, however, around other terms which have in the world outside Germany a connotation quite different from the one they have in Germany.

<sup>2</sup> Wallace Deuel (*People Under Hitler*, New York, Harcourt, Brace & Co., 1942, pp. 281-2) quoting official commentary by two leading Nazis on the Party's race program.

<sup>3</sup> The International Anthropological Congress, meeting in London in 1934, labeled Nazi race theory as "the Flatland Fallacy."

<sup>4</sup> Quoted in the editorial, "German Science Goose-steps," *Science*, March 3, 1936.

<sup>5</sup> The doctrine of *Blut und Boden* (blood and soil) is as fundamental a tenet of the Nazi regime as the doctrine of race, and is inextricably connected therewith.

<sup>6</sup> There is no satisfactory English equivalent for the word, *Fuehrer*. "Leader" or even "Dictator" fails to connote the ruthless and omnipotent power vested in Hitler and his deputies (*Bevollmaechtigte*). Where the word "Leader" is used in this report, it is to be understood as a translation of *Leiter*, not as a translation of *Fuehrer*.

owe him unquestioning obedience. Intermediate between the *Volk* and the *Fuehrer* is the elite ruling class, comprising the leaders of the National Socialist Party,<sup>7</sup> and also the top financiers and industrialists who helped to establish Hitler in power.<sup>8</sup> This elite represents not only a link between the *Fuehrer* and the *Volk*, but also the instrument through which his plans are realized and his orders carried out. While in the early years of the Nazi regime the State embodied the life of the *Volk*, the State has now come to be regarded as the medium through which the National Socialist philosophy is expressed.

To dictate the procedures whereby Nazi racial theory would be put into effect, the *Sachverstaendigenbeirat fuer Bevoelkerungs und Rassenpolitik* (Advisory Commission of Experts for Population and Race Policy) was set up under the Ministry of the Interior in May 1933. The first corollary of the racial dogma is that any admixture of the Aryan strain with inferior strains constitutes a crime: "Each time Aryan blood has become mixed with that of inferior peoples, the result has been the end of the culture-sustaining race . . . Blood mixture, with the lowering of the racial level, is the one and only reason that old civilizations disappear. It is not lost wars which ruin mankind, but the loss of the powers of resistance, which belong to pure blood alone."<sup>9</sup> The German nation, it was argued, must be purged of all defiling non-Aryans if its innate possibilities were to be fully realized. A series of laws, known as the "Nuremberg Laws," beginning in 1933 and culminating in the stringent Law for the Protection of German Blood and German Honor of 1935, made marriage or sexual intercourse between Aryans and non-Aryans a crime, no matter how long standing the relationship. An elaborate system of genealogical files was set up, tracing the racial ancestry of each individual back to at least the third generation. The individual having one non-Aryan grandparent forfeits the classification of Aryan. This law was aimed primarily at marriages between Germans and Jews or gypsies, but has been applied equally to German-Polish and German-Czech marriages. It was hoped in this way to produce a generation of simon-pure Germans which would triumph over all inferior breeds.

Seemingly unaware of the implications of its action, the Commission then turned its attention to members of the master race

<sup>7</sup> This Party, the *National-Sozialistische Deutsche Arbeiter Partei* (NSDAP), is the sole organized political group in Nazi Germany, and is referred to simply as "the Party" in this report. *National-Sozialistische* will be abbreviated as "NS" when used as an adjective modifying the proper name of a German institution; otherwise the more common term, "Nazi," will be used.

<sup>8</sup> The elite ruling class is sometimes inaccurately referred to as the *Herrenvolk* (master race); actually the *Herrenvolk* is a propaganda term, signifying all Germans of "pure Aryan" descent who are loyal followers of *Der Fuehrer*.

<sup>9</sup> John Langdon Davies; quoting Hitler, in "Nazi Science and Ourselves," *Forum Magazine*, May 1934.

whose heredity is defective and who are likely to beget defective offspring. The institutional segregation of these defectives is a burden upon the state, a burden which would be reduced by their elimination. Programs of abortion, sterilization, and killing of the unfit were soon embarked upon. The lack of biological proof of the transmission of defective heredity is openly admitted in the following statement (underlining supplied) :

"Despite the recognition that . . . *there are almost no hereditary or nervous mental diseases, to be verified as such with certainty*, it is considered a failure to fall into a *eugenic inactivity* because one has not attained as yet a clear insight into the hereditary conditions of all diseases. The great damage which arises for the population from the hereditary diseases forces one unconditionally to utilize all facts ascertained through experience, *especially those of empirical prognosis of heredity*, and to coordinate all prophylactic pursuit to the corresponding state of knowledge in order that the science of heredity may not exhaust itself in theoretical disputes without practical utility to be derived from it. The prerequisite for a productive success of all eugenic measures would be that their application be backed and regulated by corresponding governmental legislation."<sup>10</sup>

One method of disposing of those who are considered a burden on the state has been their elimination by medical means. Great secrecy surrounds these killings, which are not legalized by any law on the statute book. It is reported that such killings have been carried out under the auspices of the Gestapo at three sanatoria: Grafeneck near Stuttgart, Hartheim near Linz, and Pirna near Dresden. Some 100,000 persons, mostly from institutions, are alleged to have been killed off during the years 1939-40 alone.<sup>11</sup> One educator of high repute reports a visit to an institution for feeble-minded boys where inmates, who have reached the age of 10 without having been trained to any useful activity, are regularly disposed of.<sup>12</sup> The methods employed are not definitely known, but it is thought that gassing or embolism, the injection of an air bubble into the arteries, is used.<sup>13</sup> The reports of emigres from Germany, and the frequent protests of bishops of the Catholic Church against the practice, would indicate that these mass killings have not been kept secret.

<sup>10</sup> *Schriftenreihe der Bund der Abteilung Bevoelkerungspolitik, Neue Fragen der Erbbiologie-Wissenschaftlichen Lehrgang fuer praktische Aerzte, Teplitz-Shoenau, Waechter Verlag, 1938, p. 5.*

<sup>11</sup> Wallace Deuel, *People under Hitler*, cited, pp. 219-220.

<sup>12</sup> Gregor Ziemer, *Education for Death*, New York, Oxford University Press, 1941, pp. 76-9.

<sup>13</sup> Testimony of refugee German physicians in the United States.

## RACIAL LAWS ENACTED BY THE NAZIS

Legislative affirmation of Nazi race and population theories was provided in a series of measures enacted soon after their proponents came into power.

*Gesetz zur Verhuetung erbkranken Nachwuchses* (Law for the Prevention of Hereditarily Diseased Offspring), July 14, 1933 (RGB1. I, 529), provided for the compulsory sterilization of persons suffering from such "hereditary diseases" as congenital feeble-mindedness, schizophrenia, manic-depressive insanity, hereditary epilepsy, hereditary St. Vitus Dance, hereditary blindness, hereditary deafness, and hereditary severe deformity.<sup>14,15</sup> The application for sterilization can be initiated by a guardian, by the head of the institution in which the sufferer is confined, or—as happens most frequently in actual practice—by the local Public Health official.<sup>16</sup> Thus this official, a doctor of medicine, became the chief instrument for carrying out Nazi racial policies. To enforce the sterilization laws, *Erbgesundheitsgerichte* (Sound Heredity Courts) and *Erbgesundheitsobergerichte* (Appeals Courts for Sound Heredity Matters) were set up, attached to the *Amtsgerichte* (local courts) and the *Oberlandsgerichte* (superior courts) of the Ministry of Justice.<sup>17</sup>

*Gesetz gegen gefaehrliche Gewohnheitsverbrecher* (Law against Habitual Criminals), November 24, 1933 (RGB1. I, 995), Article 42a of the Criminal Code, provided for castration of those declared habitual criminals.

Both the castration law and the sterilization law have been used for political as well as for so-called medical purposes.

By an unopposed extension of the twin dogmas of race and heredity, it has not been difficult to argue that an Aryan who opposes the policies and programs of the Nazi party and state has failed to inherit Aryan "spiritual features . . . and perceptions," that his character and nature are defective, and that the future of the race must be protected against contamination by him. There is evidence that political opponents, sometimes on the trumped-up evidence of hereditary defects, have met the same fate as those

<sup>14</sup> Since the total mobilization decree of September 1944 was enacted, the sterilization law has not been nearly so strictly enforced. The law remains on the statute books, however, and is still applicable in "urgent" cases.

<sup>15</sup> Dr. Arthur Guett, the Government's own expert, subsequently Director of the Public Health Division of the Ministry of the Interior, attempted to include the term "a criminal disposition" among the hereditary diseases listed.

<sup>16</sup> Subsequently private physicians as well were ordered to initiate applications for sterilization, but this decree has apparently met with some resistance, albeit passive.

<sup>17</sup> *Erbgesundheitsobergerichte* have recently been abolished, all cases on appeal have been dismissed, and the decision of the local court in the matter stands as final. As a result, the local Public Health official's powers have been made more absolute with respect to the initiation of sterilization.

declared medically unfit.<sup>18</sup> "The only criterion can be how the individual lives up to his position in life,"<sup>19</sup> announced Reich Health Leader Wagner in regard to feeble-mindedness.

The same arbitrary judgments determine the category of habitual criminality. Thus "asocial elements" are defined by one *Gauleiter* as "people incapable of being community members, who because of an incurable hereditary mental attitude do not fulfill the community's minimum demands regarding personal, social, and national attitudes."<sup>20</sup> Such people are labeled "*gemeinschaftsunfaehig*" ("lacking in community spirit") and are grouped with the criminal as asocial elements, along with the "proletarianized" family whose incapacity can be ascribed to the sins of the "System-Period" (Weimar era).<sup>21</sup>

*Gesetz zum Schutze des deutschen Blutes und der deutschen Ehre* (Law for the Protection of German Blood and German Honor), Nuremberg, September 15, 1935 (RGB1. I, 1146), by forbidding sexual relations between Aryans and non-Aryans, added the capstone to the structure defending the purity of German blood.

Having thus safeguarded the quality of the German nation, the Nazis turned their attention to its increase. Once the belief in German racial superiority is accepted, every German is under a heavy obligation as the bearer of the sacred seed, to be fruitful and to multiply and replace the imperfect strains found both within and without Germany. An energetic program followed for raising the birth-rate among the acceptable members of the population; it included the prevention of abortion among the fit, marriage loans for impecunious young people of favored stock, tax abatements, and family allowances as rewards for large families.

*Gesetz zum Schutze der Erbgesundheit des deutschen Volkes* (Law for the Protection of the Hereditary Health of the German People), October 18, 1935 (RGB1. I, 1246), provided that a certificate of fitness must be obtained before marriage from the local Public Health Office, the criteria of fitness being in accordance with the Law for the Prevention of Hereditarily Diseased Offspring. By this means, veto power over marriages is placed in the hands of the Public Health Offices.

*Gesetz zur Foerderung der Eheschliessungen* (Law for the Promotion of Marriages), Section V. of the *Gesetz zur Verminderung*

<sup>18</sup> It is, of course, impossible at present to obtain proof as to the degree to which sterilization and castration have been practiced against political prisoners. Reliable persons have stated that the threat of sterilization or castration is commonly used to force confession in concentration camps and investigation jails, and the wives of political prisoners are known to have been subjected to sterilization.

<sup>19</sup> Wallace Deuel, *op. cit.*, pp. 224-5.

<sup>20</sup> *Gauleiter*, Gustav Scheel, *Salzburger Landeszeitung*, May 1, 1943. Quoted by *The European News Digest*, July 14, 1943, No. 134.

<sup>21</sup> *Ibid.*

*der Arbeitslosigkeit* (Law to Decrease Unemployment), June 1, 1933 (RGB1. I, 323), provided for loans to married couples who are free of "hereditary defect" and meet the Nazi standards of racial desirability. A quarter of the loan is canceled at the birth of each child.

*Verordnung ueber die Gewaehrung von Kinderbeihilfen an kinderreiche Familien* (Decree concerning Grants of Child-Subsidies to Large Families), Sept. 15, 1935 (RGB1. I, 1160), provided allowances for four or more children to parents who are Aryans of good character and free from "hereditary defect."

All preceding statutes relating to public health were revised in line with Nazi racial theory and population policy, and the existing health services were reorganized in order to carry out that policy.<sup>22</sup>

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<sup>22</sup> See chapter II, section on "The Public Health System."

## II. NAZIFICATION OF EXISTING HEALTH SERVICES

Under the Weimar Republic, there were two major types of health services, those provided by the tax-paid, government-controlled Public Health Offices under the Ministry of the Interior, and those provided by the Social Insurance System under the Ministry of Labor. The second system was by far the more important instrument of public health policy, covering in all some three-fourths of the population. With the advent of the Nazis, a third system, that of the Party health services, was set up, and at the same time the functions of the Social Insurance System were coordinated into the hierarchy of Nazi agencies, diminished in scope, and made largely subsidiary to the Public Health System.<sup>1</sup> This shift in emphasis began in 1933, although its main outlines have become clear only after 10 years.

### THE INSURANCE SYSTEM

The German social insurance system was built up, piecemeal, about a nucleus of benefit funds dating back to the early days of the guilds. The governmental policy of organization and subsidy of insurance funds, beginning with Bismarck, had widened coverage, increased benefits, and added other types of insurance to the existing systems. It had, however, done little to simplify the administrative complications arising from the diverse and overlapping frames of reference of separate and largely autonomous insurance bodies. Of the many efforts to overhaul and reorganize this cumbersome and inefficient structure, none succeeded because of public unwillingness to sacrifice the very real democratic values inherent in the decentralized, self-governing insurance bodies close to the workers whom they served.

While democratic values were of no concern to the Nazis, they could not afford wholly to ignore the deep-rooted local traditions clustered around the insurance funds. The changes they introduced, therefore, coordinated the systems by means of over-all agencies of government control, but did little to reduce the diversity and multiplicity of the funds themselves.

<sup>1</sup> The Ministerial jurisdiction of the health services, however, has not been altered under the Nazis. The insurance systems and industrial inspection remain under the control of the Ministry of Labor, while the Ministry of Interior controls the Public Health System and the private health agencies.

**Levels of Operation.** Each branch of social insurance has been organized by the Nazis as a separate corporation under government control, some at the Reich level, some at the state or provincial level, and some at the local level. Each corporation has in the past provided health services to a greater or lesser degree. The corporations at the three levels of operation may be listed briefly as follows:<sup>2</sup>

*On the Reich level:*

*Reichsversicherungsanstalt fuer Angestellte* (Reich Insurance Institution for Salaried Employees).

*On the Reich and district levels:*

*Zusatzversicherungsanstalt des Reichs und der Laender* (Reich and States Supplementary Insurance Institution) has offices at both levels, depending on the level of the offices of employment. *Reichsknappschaft* (National Miners' Funds) has regional offices called *Bezirkknappschaften* (District Miners' Funds) in the more important mining centers.

*On the provincial or state level:*

*Invalidenversicherung* (Disability Insurance) functions through the *Landesversicherungsanstalten* (regional public insurance institutions), the public authority for this type of insurance. These are also responsible for certain phases of administration of the Sickness Insurance System.

*On the local level:*

*Krankenkassen* (Sickness Insurance Funds) have been of paramount importance in the health field. They may be *Ortskrankenkassen* (urban sickness insurance funds) covering many types of workers in one city, or *Landkrankenkassen* (rural sickness insurance funds), covering agricultural workers, domestic servants, etc., over a large rural area. Certain industrial establishments have organized their own sickness insurance funds, called *Betriebskrankenkassen*, and certain long-established craft guilds have retained their own *Innungskrankenkassen*.

*Unfallversicherung* (accident insurance) operates through *Berufsgenossenschaften* (employers' liability insurance associations) which may be of several kinds: *Gewerblich* (industrial), *Landwirtschaftlich* (agricultural), or *Seeunfall* (marine accident).

**Coordination under the Nazis.** Certain obvious pooling of resources and elimination of overlapping funds the Nazis effected at once. But their major innovations came in the subordination of the Republican system to their political program. Their first

<sup>2</sup> For fuller details of coverage and length and types of benefit under the various systems, see *Civil Affairs Handbook M 356 on Germany*, section IX on Labor, chapter VIII.; and *German Basic Handbook*, London, Ministry of Economic Warfare, 1944, Pt. II, Administration, chapter XI.

administrative change was the abolition of the democratically elected self-governing bodies formerly attached to all branches of social insurance, and the substitution for these of Leaders appointed by the Reich Ministry of Labor. Trade union representatives were removed from the governing bodies early in 1933, and subsequent purges eliminated "politically unreliable" officials of the insurance system. With these dissident elements removed, the new Nazi leadership was able in February 1934 to deprive all "enemies of the state" of their rights to benefits under the insurance system.

The situation was already securely in Nazi hands when in 1936 local employer-employee committees were set up to "advise" the Leaders. Since the local Insurance Offices appointed the majority of the members of these committees and were the final arbiters in cases of dispute between the Leaders and the committees, this extension of the forms of local self-government, while the essence was denied, did not weaken Nazi control.

In 1937, still further steps toward unification were taken through the merging of many of the smaller insurance funds with large funds, thereby reducing the number from 6,387, when the Nazis came to power, to 4,565. With the abolition in 1939 of the innocuous local advisory boards set up in 1936, the last vestige of self-government in social insurance was eliminated.

The essential means of control of the insurance system, however, lies not in administration, but in regulation and supervision, and in the adjudication of claims. In these areas, a tightly coordinated system of control has been set up under the Ministry of Labor. At the three levels of government (federal, provincial (or state) and local) there are appropriate government organizations of control: the *Reichsversicherungsamt* (Federal Insurance Office), the *Oberversicherungsämter* (Main Insurance Offices), and the *Versicherungsämter* (local Insurance Offices). The Reich Ministry of Labor is the source of all decrees. The Federal Insurance Office has the function of regulating and supervising, through its staff of *Vertrauensärzte* (Medical Administrators), the execution of these decrees at the local level. Here the decrees are carried out by the local Insurance Office, which is intimately bound up with the machinery of local government. The *Bürgermeister* (Mayor) is usually the Insurance Office Chairman as well as the Leader of the Insurance Fund.

The appeals system offers the government its final controls. The insured individual makes application for benefit at the local Insurance Office, and here enters his appeal. The local Insurance Office at the office of the *Bürgermeister*, or the office of the *Landrat*

(county chief) in rural counties, is the court of first instance. Appeals from its decision may be taken to the provincial level, to the *Obersicherungsamt* attached to the office of the *Regierungspraesident* (district president) in Prussia and Bavaria and to the corresponding authorities in the other states, which acts as an appeals court. The court of final appeal is the *Reichsversicherungsamt* at the federal level. By tying the administrative and the judicial agencies so closely to the corresponding government offices at each level, the insurance system has become an arm of government, to be used for such purposes as political exigency, rather than health needs, may dictate. In the end, of course, those purposes are dictated by the Nazi Party, operating through the *Hauptamt fuer Volkswohlfahrt* (Chief Office for People's Welfare), which has a section on social insurance.

**Narrowing of Functions by the Nazis.** With the regulative and judicial controls of the insurance system coordinated, the Nazis began to shift and narrow the functions of the Social Insurance system.

Under the Weimar Republic, nearly all branches and institutions of social insurance had developed their own health services and gradually expanded them beyond the cure and relief of sickness, to the prevention of disease and, finally, to the protection and positive promotion of health. The insured workers and members of their families had been given an enforceable right to these services, which were at the same time made readily accessible. In order to supplement their own services, the insurance funds had cooperated in the maintenance of permanent contracts with public or private hospitals, diagnostic aids, laboratories, X-ray offices, etc. In some instances, particularly in large cities where the need was great, the insurance funds had set up their own diagnostic institutes. The Institute of the Association of Berlin Sick Funds, for example, included a bacteriological, a serological, a clinico-chemical and a pathological section. Similar institutes had existed in other large cities. In addition, many sickness insurance funds had owned therapeutic institutes, hospitals, convalescent homes, relaxation homes, and dispensaries for treatment of tuberculosis, venereal disease, cancer, rheumatism, etc. Many insurance carriers had also maintained their own dental clinics, in which the dentists and technicians were salaried employees. As time went on, the management of essential health services granted by funds other than Sickness Insurance Funds had come more and more to be entrusted to the latter, with the result that health services had tended to be amalgamated or pooled, continuity of medical services

had been made possible regardless of income, and health standards had been considerably raised.

The Nazis opposed this development and set about to reverse it. The *Ambulatorien* (out-patient clinics), which had provided excellent remedial as well as preventive care under the auspices of the *Krankenkassen*, were closed entirely. Other health functions, such as the operation of healing and convalescent institutions, and the carrying out of preventive health measures, were taken out of the *Krankenkassen* and transferred to the regional offices of the Invalidity Insurance Institution. The latter, which lacked the democratic tradition of the old-line Sickness Insurance system, was more centralized and, therefore, more readily controlled. Elaborate rules and regulations concerning economical treatment, medication, prescription of special services, and indications for hospitalization were established, severely limiting the benefits of the insured and the scope of medical practise. *Vertrauensärzte* (Medical Administrators) were placed at the state level to check on the efficiency and probity of the insurance doctors.

As a result, the importance of the medical services provided through the insurance system has been gradually but consistently diminished. In theory the insurance program still offers medical and dental services; services by midwives, nurses, housekeeping aides; hospital and convalescent care; drugs, minor surgical appliances, and some special treatments. It is doubtful whether these services were generally available under insurance auspices even before 1939. Since the outbreak of war, large-scale drafting of medical personnel and confiscation of institutional facilities for war purposes have lessened their availability. The Nazi regime, founded on discriminatory racial principles, has, of course, a special animus against the basic principle of social insurance by which medical care is made available to all insured, without discrimination. This animus was expressed in a statement by Professor Bockhacker, head of the Labor Front's Central Office for Health and Protection of the People, when he issued the decree of July 1944, substituting compulsory treatment by the factory doctor in armament plants for treatment by the insurance practitioner of the worker's own choice. "The antiselection process practised by doctors, which neglects natural selection and elimination, has had an even worse effect than equalization. A considerable percentage of people—asocial people and loafers—receive the extensive medical care customary for all Comrades, without deserving it. . . . Consequently the insurance ideal in social insurance must be replaced by the idea of maintenance, that is, everyone who has done his duty toward the people's community will be provided

for. The extent of the aid is not determined by some scheme of equalization, but by the extent of the person's achievements."<sup>3</sup>

The most recent available information indicates that, since the war, the remaining hospitals, sanatoria, preventoria, convalescent, and resort homes owned by the social insurance organizations have been transferred to the Public Health System, the Nazi Party, or the Army, leaving to the Social Insurance System only its financing function. In other words, the social security bodies collect contributions, hold and account for funds, but have no voice in their distribution. The Public and Party Health Services utilize the funds to support their own activities, in accordance with their own purposes, and there is no accounting to the contributors for the uses to which the funds are put. It is not clear at this writing whether this separation of the financing and health functions of the insurance system is in process or whether it has been realized. The separation, to whatever degree it has been effected, would be wholly in line with the larger pattern of political control of health services evident in the Public Health System.

#### THE PUBLIC HEALTH SYSTEM

As with the insurance system, a decade of adjustments in the controls and of shifts in the functions of the Public Health System has been required in order to complete the process of coordination and subordination of the system to the larger purposes of the Nazi state. Whereas public health matters had formerly been under the jurisdiction of certain sections in Divisions II and III of the Ministry of the Interior, the Nazis incorporated all of the Ministry's activities in the public health field in Division IV, called in recent years *Gesundheitswesen und Volkspflege* (Health and Welfare). More significant than this administrative reorganization was the shift in emphasis of the Public Health System. Under the Weimar Republic, the preventive aspects of public health work were stressed, but under the Nazis the "protection of inheritance and race" became the primary objective. In order to carry out this newly assigned task, Division IV created certain new agencies, such as those listed as numbers 1, 6, and 7 on the Reich level below, and added new functions to existing agencies, as, for example, the section on Race Hygiene which was added to the Reich Health Office (number 2, below).

For the first 10 years of the Nazi regime, Frick was Minister of the Interior. Serving under him as Chief of Police was Himmler, who was and is Reich Leader of the *Schutzstaffel* (SS)—the

<sup>3</sup> *Der Angriff*, May 7, 1944. See also chapter III, section on "Health Services of the German Labor Front."

dreaded Black Shirts. Since 1943, Himmler has been Minister of the Interior, and with SS, Police, and Public Health under his jurisdiction, he has affected that union between the police and public health functions which has furthered the purposes of the Nazi police state, and which will be repeatedly evident in the following analysis of the Public Health System. In effecting this union, Himmler has had the wholehearted support of Dr. Leonard Conti, a German-born citizen of Italian ancestry. Since Conti was one of Hitler's earliest supporters, he was rewarded, on the latter's seizure of power, with the position of *Reichsgesundheitsfuehrer* (Reich *Fuehrer* of Public Health). Thus he has jurisdiction over Division IV, of which his assistant, Dr. Cropp, is in charge, and occupies many important Party offices, as well as high rank in the SS.

**Reich Level.** Associated with section IV are the following agencies and institutions at the federal level:

1. *Sachverstaendigenbeirat fuer Bevoelkerungs- und Rassenpolitik* (Advisory Commission of Experts on Population and Race Policy). This Commission is composed of the leading "scientists" of the National Socialist movement, who propose race legislation.

2. *Reichsgesundheitsamt* (Reich Health Office). Serving in an advisory capacity to Division IV, this office has a number of Sections dealing with eugenics and race hygiene, medicine, chemistry, general and occupational hygiene, pharmacology, nutritional physiology, drugs and opium, etc. Included under its jurisdiction are two formerly independent institutes: The Robert Koch Institute, which controls the preparation of sera and vaccines, and the *Landesanstalt fuer Wasser, Boden und Luft Hygiene* (Institute for Water, Soil and Air Hygiene).

3. *Staatsmedizinische Akademie* (Academy of State Medicine), Berlin. The Academy has charge of training physicians for the Public Health Service.

4. *Preussischer Landesgesundheitsrat* (Prussian State Health Council). This is an advisory body on problems of administration, charged with the supervision of examinations and the employment of public health physicians, and serving the judiciary in an advisory capacity on questions of forensic medicine.

5. *Wissenschaftliche Gesellschaft der deutschen Aerzte des Oeffentlichen Gesundheitsdienst.* (Scientific Society of German Public Health Officials). The Society promotes social and cultural affairs among Public Health physicians, and publishes the journal, *Der Oeffentliche Gesundheitsdienst* (The Public Health Service).

6. *Reichssippenamt* (Reich Genealogical Office). This office corresponds to the Nazi Party organization, the *Amt fuer Sippen-*

*forschung* (Office for Genealogical Research), and carries out the latter's recommendations.

7. *Reichsausschuss fuer Volksgesundheitsdienst* (Reich Committee for Public Health Service). Under the personal direction of the *Reichsgesundheitsfuehrer*, Dr. Conti, this Committee coordinates all the societies and associations in the field of public health. It maintains close relations with the Propaganda Ministry and the Nazi Party. While it was ostensibly established to promote mass education in personal hygiene and community health services, it is particularly concerned with the promotion of sound heredity and of racial purity according to National Socialist principles.

The committee consists of two sections. Section I controls the following member organizations, whose purpose is essentially the promotion of Nazi racial and political theories:

- Reich Association of Large Families (associated with the Policy Office of the Nazi Party),
- German Society for Race Hygiene,
- Nordic Ring,
- Kinderland Association,
- Association of German Genealogical Societies,
- German Folk Theater,
- German Hygiene Museum,
- Union of German Public Life Insurance Institutions.

Section II is composed of a number of advisory committees which, except for the first, are not necessarily political in purpose:

- Reich Association for Mother and Child,
- Reich Tuberculosis Committee,
- Reich Association for the Control of Venereal Disease,
- Reich Association for Cancer Control,
- Reich Hospital Association,
- Reich Nutritional Association,
- Reich Association for Industrial Hygiene,
- Reich Association for First Aid and Life Saving,
- Reich Pharmaceutical Association,
- Reich Association for the Prevention of Narcotic Addiction,
- Reich Association for the Prevention of Crippling.

**Provincial and District Levels.** All decrees concerning health are promulgated at the Reich level and administered by offices at the regional, district, and local levels. Prussia, the largest state, is divided into a number of provinces, each of which has an *Oberpraesident* (Provincial President) to whose office a *Medizinalrat* (Medical Director) is attached. Other medical officers, usually with the title of *Regierungs- und Medizinalrat* are attached to the

office of the *Regierungspräsident* (District President) in Prussia and Bavaria, and, as a rule, to the *Minister des Innern* (Minister of the Interior) in the smaller states. These medical directors supervise all technical medical matters including the licensing and supervision of apothecaries and hospitals within the district. In a large administrative area a medical director may have several assistants. In case of any interruption of communication or command from above (such as might occur during hostilities), the medical director becomes the regional or district health dictator.

**Local Level.** The *Gesundheitsamt* (local Public Health Office) is the administrative focus of the entire health service. Several sparsely populated *Landkreise* (rural counties) may be served by one *Gesundheitsamt*, or a thickly populated *Stadtkreis* (city county) may have a chief *Gesundheitsamt* and several branch health offices. The *Amtsarzt* (Health Officer) who directs the *Gesundheitsamt* is, as a rule, the Leader of the health services provided by the Party at the county level. He maintains a close working relationship with the local *Kreisverwaltung* (County Administration), and is himself responsible to its administrative officer, the *Landrat* (County Chief) or the *Bürgermeister* (Mayor). Where several counties are covered by one *Gesundheitsamt*, the *Amtsarzt* is responsible to the *Regierungspräsident*. Depending upon the size of the unit it serves, a *Gesundheitsamt* may have, in addition to the *Amtsarzt*, a deputy *Amtsarzt*, a *Medizinalrat*, part-time consulting *Amtärzte*, a T.B. Medical Officer, a Health Inspector, a dental surgeon, dental technician, and staff of *Gesundheitsfürsorgern* (Public Health Welfare Nurses), disinfectors, laboratory assistants, and clerks.

The *Gesundheitsamt* is charged with the usual public health tasks: the notification and control of contagious diseases, vaccinations and inoculations, disinfection and delousing, registration of disease carriers, quarantine and preventive health measures. Preventive measures comprise certain popular health education tasks, school hygiene, advice to mothers and children, advancement of physical culture, care of the handicapped, dispensing of drugs, supervision of hospitals, health inspection of dwellings and of production and distribution of food.

In addition to having charge of the traditional public health tasks enumerated above, the *Gesundheitsamt* under the Nazis has been made the pivot of their racist program. It is here that discrimination is introduced in the distribution of health services among the population of Germany. Jews and political dissidents do not enjoy equal access to State medical care which, by and large, is reserved to active or potentially active followers of Hitler with

the objective of producing a strong and vigorous nation of Nazis, capable of imposing the New Order upon Europe and eventually the world.<sup>4</sup>

To this end, the laws on racial purification and on the encouragement of large Aryan families are put into operation by the *Gesundheitsamt*. One of its major activities under National Socialism was the classification of the entire local population in accordance with Nazi genetic values so that a supreme racial caste could be developed to constitute the ruling class of the New Order. Hence the *Gesundheitsamt* is constructing, in association with the police, a complete index file of the medical records of each individual member of the population. Each index file contains the following records: the family tree giving the race and cause of death of all ancestors and first-degree relatives back through at least two generations; the birth certificate; infant care reports; vaccination record; school and *Hitler Jugend* medical reports; medical reports of the Recruiting Board; and premarital medical examination reports. The results of tests, examinations and reports on all illnesses, major and minor, are added to the records as they are made. These files are kept at the *Gesundheitsamt* of the place of birth. When persons marry, their dossiers are linked and form the basis of a new index or *Sippenkartei* (genealogical register).

The political uses and abuses to which such files can be put are obvious. They permit ready identification not only of those groups in the population which are the bearers of contagious, chronic, or "hereditary" disease. They are even more important for coercive and disciplinary purposes, such as those of rationing boards, training centers, labor exchanges, prospective employers, and the police. Failure to conform in any way with the unending multiplicity of requirements of the administration, as well as any disagreement with Nazi ideology, are considered pathological tendencies, which are entered on the medical record. Prison sentences, remarks on behavior during the prison term, and the prison physician's record are also part of the file. Children of parents guilty of opposition or having a record of imprisonment are stamped as of "abnormal" heredity.

These files in the local Public Health Offices provide the basis for carrying out the Nazi laws promoting "hereditary health." Subject to the decision of the local Hereditary Health Court, with which it works in close cooperation, the *Gesundheitsamt* can ad-

<sup>4</sup> The excellent physical condition of the Wehrmacht in 1940 and 1941 and of prisoners of war taken in Africa and Italy is evidence that the program was accomplished to a considerable degree. The physical deterioration noted in some prisoners taken later would, of course, be the result of factors relating to the war.

vis sterilization of those whose genetic quality is low, abortion where sterilization was not performed in advance of conception, and castration. The law requiring certificates of fitness from the *Gesundheitsamt* before marriage and the law granting marriage loans in accordance with racial, political, and genetic values established by this same office, give it veto power over marriage and family life in Germany. To carry out their functions relating to marriage, the Public Health offices have established matrimonial exchanges and advice centers, and family advice bureaus. Since the mentally deficient, psychopaths, and epileptics are institutionalized on the initiation of the *Gesundheitsamt*, this function offers another opportunity for the display of racial and political bias. This same bias may also affect such traditional activities as health education, physical culture, and mother and child advice centers where the individual index cards of this generation are initiated.

In carrying out all its functions, the *Gesundheitsamt* cooperates with the race, heredity, and population campaigns of the Party, and with the SS, of which the Office is a kind of "health police" arm. Typical of the union between health and police functions is the founding of the *Asoziale Kommission* (Asocial Commission) by *Gauleiter* Gustav Scheel in Salzburg in 1943. Members of the Commission are Public and Party Health Officers and representatives of the Party Welfare Services, the German Labor Front, the criminal police, and the SS. Their task is to detect asocial (that is, dissenting) elements in the population. Guilty adults are sent to labor camps, and guilty children to reformatories.<sup>5</sup>

In still another field of its jurisdiction, the *Gesundheitsamt* is able to exercise political bias. It is charged with the tasks of certifying the racial and political eligibility of all physicians in its locality, who apply to the Reich Chamber of Physicians for license to practice, and of supervising the training and performance of midwives and the activities of other medical and health personnel, such as nurses, disinfectors, laboratory technicians, and coroners. These certification and supervisory functions are carried out by the *Gesundheitsamt* in close cooperation with the Party and with the appropriate professional organizations, which are under the jurisdiction of the Ministries of the Interior and Labor.<sup>6</sup>

Industrial hygiene is primarily the function of the Ministry of Labor, but the *Gesundheitsamt* or the county medical office takes an interest in the problem so far as it affects public health. Since

<sup>5</sup> *Salzburger Landeszeitung*, May 1, 1943. Quoted by *The European News Digest*, July 14, 1943, no. 134.

<sup>6</sup> See chapter IV, sections on "Nazi Medical Organizations," and "Organization and Training of Auxiliary Personnel."

the development of the "works doctor" system, the Party and the German Labor Front have been particularly active in the field of industrial medicine.<sup>7</sup>

**Food Inspection.** The *Gesundheitsamt* bears responsibility, together with the *Lebensmittelpolizei* (Food Police), for the inspection of foodstuffs. For this purpose specially trained personnel is employed—*Tieraerzte* (veterinarians) in the case of meat and dairy products. *Tieraerzte* are organized on the Reich level under the Ministry of the Interior in Division III, *Veterinaerverwaltung* (Veterinary Administration), which is under the leadership of Dr. Weber. On the regional level, *Landesveterinaeraemter* (State Veterinary Bureaus) have charge of the administration. Routine inspection of slaughterhouses is made for detection of tuberculosis and trichinosis, and there are special laboratories for meat examination. Even before the war, meat inspection standards had been considerably relaxed. Statistical records of animal diseases had ceased to include statistics on the incidence of bovine tuberculosis, but it is evident from other sources of information that disease among slaughter animals had greatly increased. Between 1928 and 1935, the number of tubercular cattle rose over 500 percent, the number of inferior cattle almost 250 percent and the number of tubercular hogs almost 600 percent.<sup>8</sup> With the increasing meat shortage during the war, standards have been still further relaxed. Condemned meat is customarily distributed among the poor. In 1943 it was decreed that meat could no longer be condemned "merely because of tuberculosis." In order to certify such meat as inferior, the meat must be shown to suffer "considerable decrease of nutritional value."<sup>9</sup>

Veterinarians appear to have been more openly critical than physicians of regulations adversely affecting their professional practice. At the Veterinary College of Hanover, a veterinarian pointed out that "there are enormous economic obstacles to a reform in our methods of combating tuberculosis."<sup>10</sup> Following the new regulations of 1943, it was charged that conscientious inspectors had to falsify their reports by inventing additional factors in order to condemn tubercular meat.

Similar conditions prevail with regard to dairy inspection. Cleanliness of stables is not enforced and dairy herds are inadequately supervised. Milk is not required to be pasteurized, although certain other precautions are taken. Even in so large a city as Berlin,

<sup>7</sup> See chapter III, section on "Health Services of the German Labor Front."

<sup>8</sup> OSS Report, R and A No. 1070, "Health in Axis Europe," p. 66.

<sup>9</sup> *Loc. cit.*

<sup>10</sup> Professor Geddert, discussion on "The Economic and Scientific Foundations of an Effective Campaign against Tuberculosis among Cattle," *Deutsche Tieraerztliche Wochenschrift*, 47:317, 1939, quoted by M. Gumpert, *Heil Hunger*, New York, Alliance Book Corporation and Longman's Green and Co., 1940, p. 54.

milk is dispensed from an open vat into containers brought by the customer. It is said to leave a heavy dirty sediment on standing. Although it was recognized that the fight against human tuberculosis must commence with cattle, the campaign against bovine tuberculosis was terminated early in 1942 by the Department of Public Health. The killing of sick cattle by order of the police was restricted, and the killing of dairy cattle on probability of tuberculosis was allowed "only in extreme rare cases."<sup>11</sup> "The fight against tuberculosis," complained a veterinarian, "has at present in no way advanced far enough to guarantee the population a supply of milk from healthy cows safely free from tuberculosis. Other bacteria, for example, typhoid or coli bacteria, may be found in the milk."<sup>12</sup>

### PRIVATE AGENCIES

Under the Weimar Republic, a number of private welfare agencies engaged in health activities. Many of them have been abolished by the Nazis, who have confiscated their funds and taken over their institutions. Those remaining ostensibly under private management have been subordinated to Party purposes and placed under the administrative control of the *Amtsleiter* (Section Leader) of the *National Sozialistische Volkswohlfahrt* (NSV), the Party welfare agency.<sup>13</sup>

**Deutsches Rote Kreuz** (DRK) (German Red Cross). This is the most important health and welfare organization remaining outside direct Party administration. Legally it has been under the control of the Minister of the Interior since 1937,<sup>14</sup> when it was reorganized and "integrated into the structure of Party, State and Army."<sup>15</sup> The thorough character of this integration is manifest in the DRK's leadership; its two Leaders are the Duke of Sachsen-Coburg-Gotha, who is a General in the Wehrmacht and *Obergruppenfuehrer* (Division *Fuehrer*) in the *Sturmabteilung* (SA, or the Brown Shirts), and Dr. Ernest Grawitz, who is Reich Physician and Group Leader of the SS and Lieutenant-General in the *Waffen SS* (Army SS). The connection between the DRK and the SS was made closer in 1943 when Himmler, head of the SS, became Minister of the Interior.

Party domination of the DRK is again evident in the fact that Hitler is its *Schutzherr* (Protector), to whom all members must swear loyalty. Gertrud Scholtz-Klink is at the same time *Reichs-*

<sup>11</sup> *Reichsgesundheitsblatt*, April 22, 1942, p. 332, quoted by OSS Report, *Health in Axis Europe*, p. 68.

<sup>12</sup> Dr. Catel, *Deutsche Tieraerztliche Wochenschrift*, May 9, 1942, p. 215, quoted by OSS Report, cited.

<sup>13</sup> See chapter III, section on "NS People's Health Services."

<sup>14</sup> *Gesetz ueber dem Deutsches Rote Kreuz*, Dec. 9, 1937 (RGB1. I, 1330).

<sup>15</sup> F. Grueneisen, *Das deutsche Rote Kreuz*, Berlin, Junker and Dunnhaupt, 1939, p. 183.

*frauenfuehrerin* (Reich Leader of Women—a Party title)<sup>16</sup> and Leader of women's work in the DRK. Nurses and local women volunteers, it should be pointed out, constitute by far the larger proportion of the DRK membership. A woman of great energy, ambition, and organizing ability, Frau Scholtz-Klink was one of Hitler's early supporters, having joined the Party in the twenties. She became Leader of Nazi Women for Baden in 1933, and was appointed Commander of the *NS Frauenschaft* (NS Women's Organization) by Hitler in 1934.<sup>17</sup> Her husband is an *SS Obergruppenfuehrer*, who is also Inspector of the *Nationalpolitische Erziehungsanstalten* (National Political Education Institutes). Thus she is well equipped to handle ideological indoctrination, one of her functions in the DRK. She exacts from her followers the same intense loyalty and obedience which she gives to Hitler.<sup>18</sup>

The DRK is administered through provincial or state associations which correspond to the military districts. At the county level are *DRK Kreisfuehrer* (County *Fuehrer*), who are men with military experience. They are assisted by *Bereitschaftsleiterin* (Woman Leaders of the Emergency Units Service). The members of these emergency units are volunteers who undergo a period of training and practical field work in first aid and air raid defense, attend lectures on medical subjects, learn to manage army field hospitals and kitchens, and work as nurses' aides, dietitians, and student nurses. The local units of the DRK are called *DRK Orts-gemeinschaften*, each of which has a woman leader appointed by the *Kreisfuehrer*. These local units form the link between the various Party organizations, in particular between the NSV and the *NS Frauenschaft*. They conduct the organizational activities of the DRK, such as fund-raising, soliciting of membership, etc.

The most important adjunct of the DRK is the *Schwesternschaften* (Nurses' Units), supervised by the *Generaloberin* (Superior Head Nurse). Members of the units comprise both nurses

<sup>16</sup> In this capacity, she controls all the women organized in the *Deutsche Arbeitsfront* (German Labor Front), the *Deutsches Frauenwerk* (German Women's Work), the NSV, and all women's organizations and professional groups.

<sup>17</sup> The basic principle of the *NS Frauenschaft* is stated in its statute: "We women of the NSDAP are fighters for the German idea; we fight for the restoration of the national power and honor of Germany. Only a strong leader and a respected Reich can give and guarantee protection to ourselves and our children. We fight for keeping the Aryan race and consequently for the freeing of the people's life from foreign influence." (Quoted by Ruth and Robert M. W. Kempner, *Women in Nazi Germany*, privately reproduced, 1944, pt. I, p. 5.)

<sup>18</sup> The self-immolation of Hitler's women followers is well portrayed in the following verse by Annie Marie Koeppen, a leading official of the *NS Frauenschaft*:

GERMAN WOMEN TO ADOLF HITLER

"We were reeling in blind ignorance.  
You struggled for us with the powers of darkness.  
You bore for us the sufferings of revelation,  
And for us you walked alone through the night.

"Yet as once you loyally struggled for us,  
Now we are yours with every breath we draw.  
You suffered alone for us so long,  
The strongest heart that ever was on earth."

(Source: *ibid.*, p. 4)

and volunteers trained in first aid, dietetics, etc. The *Schwwesternschaften* of the DRK are affiliated with the *NS Schwesternschaft*, the central Party organization of all nurses' groups.<sup>19</sup>

In 1942 the DRK was given the monopoly of all transport of the sick, whether military or civilian, whether caused by illness, maternity, air raids, or military action. In October 1944 it was further charged with the distribution of the sick and wounded over the existing bed-space throughout Greater Germany. With the organization of the *Volkssturm*, the distinctions between military and civilian casualties have tended more and more to disappear, while more and more civilian doctors and nurses, many from denominational ranks, have been enrolling in the DRK ranks.

The DRK has thus become a crucial military and political organization, its personnel subject to intense ideological indoctrination and political control, and entrusted with tasks of the utmost importance to the Nazi war machine. "Today," wrote Dr. Grawitz just prior to the war, "a new battle-strong German Red Cross, organized in soldiertight form and led 'National-Socialistically', stands ready for any appointment. . . ."<sup>20</sup>

**Religious Organizations.** The remaining private agencies performing health functions are the two religious groups, the *Innere Mission* of the German Evangelical Church, and the *Caritas Verband* of the Catholic Church. These have likewise been coordinated by the Party and most of their institutions confiscated by the NSV. The sources of their funds have been largely exhausted both by defections of contributors to the Party, and by the constant drain on faithful adherents of high taxes and such enforced Party collections as the Winter Help and the NSV. Their functions have been largely restricted to institutional care of the old, the sick, and the abnormal; that is, they are allowed to care for those whom the Nazis consider without value to the New Order.

The *Central Ausschuss fuer Innere Mission* (IM) (Central Committee for the Inner Mission) is the national agency coordinating the welfare associations and institutions of the Evangelical Churches. Affiliated with the Central Committee were 32 State and Provincial Committees, corresponding in area of jurisdiction to the ecclesiastical divisions of Germany, and *Stadtmissionen* (City Missions) and Welfare Bureaus in large cities. In local parishes the pastor or the parish nurse represented the IM. A large number of physicians (exact number unknown) and some 50,000 nurses were working under IM auspices both in local parishes and in institutions maintained by the IM. In 1938 some

<sup>19</sup> See chapter IV, section on "Organization and Training of Auxiliary Medical Personnel."

<sup>20</sup> F. Grueneisen, *op. cit.*, p. 183.

4,500 *Gemeindepflegestationen* (community health centers) in local parishes employed one or more trained nurses each, and some 7,600 nurses were employed in about 100 other nursing centers. In that year the IM also conducted 1,673 health institutions which provided over 114,000 beds in hospitals and sanatoria, recreation and convalescent institutions, homes for mothers and children, hospitals for aged incurables, hospitals for the mentally diseased, and institutions for the physically and mentally handicapped. It is doubtful that either the personnel or the institutions of the IM have continued to fill their peace-time functions. The practice of "euthanasia" on the aged, the feeble-minded, and the mentally diseased inmates, must have served to reduce the populations of these institutions;<sup>21</sup> moreover, it is reported that institutional populations are being returned to their families in order to provide hospital space for war wounded.

The *Deutscher Caritas Verband* performs for the Catholic Church a function parallel to that of the IM for the Evangelical Church. *Caritas* organizations in parishes, counties and government districts conducted 6,303 noninstitutional centers for health counseling and out-patient care, 154 day centers such as creches and day homes, and over 1,600 health institutions providing 143,436 beds in hospitals, sanatoria, convalescent homes, homes for mothers and children, homes for the incurable, insane asylums, etc. These local and regional *Caritas* units are federated into 27 diocesan *Caritas* associations. At the time the Nazis seized power, 845 Catholic hospitals, providing 86,000 beds for the sick, were united in the Association of Catholic Hospitals for the Sick and Mentally Diseased; 18 institutions for the crippled were united in the Association of Catholic Institutions for the Crippled in Germany, and 18 special institutions for the care of the mentally diseased were associated in the National Agency of Catholic Institutions for the Abnormal with other institutions for the feeble-minded, for epileptics, and for the blind and the deaf-mutes. The total number of Catholic physicians, or of Catholic physicians practising in the health services of the *Caritas*, is not known. Sixty thousand nurses served under the auspices of the *Caritas Verband*.

As was the case with the evangelical institutions, many of the Catholic institutional facilities have been confiscated by the Nazis, and converted to their own purposes. However, within those institutions remaining in Catholic hands, the medical staffs appear to have followed their own rather than Nazi medical tenets; for example, they have continued to treat Jewish patients. The pastoral letters of the various Bishops of Germany have again and

<sup>21</sup> See chapter I, section on "Racial Laws Enacted by The Nazis."

again protested the "assassination" of the mentally deficient and of infants born with hereditary defects. They sharply condemn state interference with marriage, and particularly the campaign against virginity, which is an important feature of the Nazi population policy.

### PRIVATE MEDICAL PRACTICE

It is estimated that, prior to the war, no more than 15 percent of Germany's 49 to 50 thousand physicians were engaged solely in private practice, and that less than 5 percent of those listed as specialists (comprising some 35 percent of the whole) were so engaged on a wholly private basis. The majority of German physicians depend upon either the Public or the Party Health services, or on insurance practice, to yield them the larger part of their income. Private practice in Germany, in fact, was once an adjunct of insurance practice; physicians were paid by the various social insurance organizations for services rendered to persons eligible for social insurance, and the latter had free choice of the services of any participating physicians, dentists, midwives, and other medical auxiliaries. The participating practitioners had to meet certain requirements as to eligibility and, since the Nazis seized power, have had to abide by the "Professional Principles" laid down by the Leader of the *Kassenaerztliche Vereinigung Deutschlands* (League of Sickness Insurance Doctors of Germany).<sup>22</sup>

By 1937 these principles had become so onerous as to discourage insurance practice, and consequently the private practice with which it had hitherto gone hand in hand. In view of the narrowed functions of the Social Insurance System, and the increasing collectivization of medical care through the utilization of Public Health clinics, Party Health services and works doctors, as well as the rising demand for physicians in the armed services, private practice has probably become a negligible factor in medical service. Specialists, for example, are said now to be available only in the *Caritas*. The shortage of physicians for the treatment of the civilian population has grown so acute, however, that an effort is being made to counteract it. In October 1944 it was decreed that military hospitals and military physicians would be available for the care of civilians, for whom office hours for consultation would be arranged in the hospitals. It has also been reported that a proportion of army doctors will be discharged in order that they may resume practice among the civilian population. Under pressure of

<sup>22</sup> See chapter IV, section on "Nazi Medical Organizations."

the shortage, many older physicians who had long since retired, some even as old as 80 or more, are taking up their practices again.

Among those who have persisted in private practice throughout the Nazi regime, however the tide seemed to be setting in the opposite direction, will be found those anti-Nazi physicians who sought in this backwater the sole means of continuing in their profession without doing violence to their scientific integrity.

### MEDICAL CARE IN THE ARMED FORCES

It is estimated that approximately one-third of Germany's 49 to 50 thousand physicians are in the armed forces. Dr. Karl S. Handloser is Chief of the Wehrmacht Medical Services, and Dr. Karl Brandt has been since 1942 Commissar General for Medical and Health Services, charged with the coordination of military and civilian health services. The appointment of Dr. Brandt climaxed a long struggle for power between the Medical Corps of the Armed Forces and the civilian health services under Dr. Conti, paralleling the long-standing animosity between Army and Party leadership. This marked the first occasion on which the power of *Reichsaerztefuhrer* Conti had been challenged. While Brandt did not interfere directly with Conti's department, he managed to coordinate all military and civilian medical services in his own office by skillful use of the *Deutsches Rote Kreuz*.<sup>23</sup>

Before the war, the Army Medical Corps offered one of the few opportunities for the practice of medicine uncorrupted by Nazi perversions and distortions, and it is thought that some anti-Nazi physicians may have escaped from their dilemma by joining the armed forces. Since 1939, however, Nazi medical theories and practices are coming to the fore. Early in the war, the *Muenchener Medizinische Wochenschrift* urged that in the treatment of war neuroses, "those afflicted with heavy trembling should be brought together in special detachments and employed in manual labor regardless of their disorders. Their place of work should be quite near the front lines where danger is not much less than for the actual fighters. Where hospitalization is necessary it should be of short duration."<sup>24</sup>

In December 1944, Dr. Handloser set up three classifications for conscriptees: "fit for combat duty," "fit for limited combat duty," and "fit for labor duty." He ordered his medical officers "to dispense with scruples that may have been justified under different circumstances, and to allocate all men without false leniency."<sup>25</sup>

<sup>23</sup> See chapter II, section on "*Deutsches Rote Kreuz*."

<sup>24</sup> Quoted by E. M. Lerner, "Nazi Stereotypes found in Recent German Technical Journals," *Journal of Psychology*, 13:179-92, 1942.

<sup>25</sup> OWI Foreign News Bureau, Nov. 24, 1944, FN-37.

A pastoral letter of the Catholic Bishops of Germany issued in the spring of 1944 condemns, among other Nazi practices, the "assassination" of those mortally wounded. This undoubtedly refers to soldiers.

### III. NAZI PARTY HEALTH SERVICES

#### NS PEOPLE'S HEALTH SERVICE

The health services introduced by the Nazis represent not so much an addition to those which existed under the Weimar regime as a streamlining and coordination of many previously independent and privately organized health services, now brought under the domination of the Party and channeled to Party members. While for descriptive purposes it is necessary to discuss the various Party health services separately, and to distinguish them from the Public Health System, none operates in a watertight compartment. On the contrary, both public and Party services are coordinated at each administrative level, and frequently are administered by the same person. The Party reserves for itself those health services which can be offered as gestures of bounty and of concern for faithful adherents, and leaves to the Public Health System those services which are routine or unpopular.

The chief concern of the Party health services is with racial hygiene and the health education of its members along Party lines. The two offices at the Reich level which determine all matters of race policy are the *Amt fuer Sippenforschung* (Office for Genealogical Research) under Dr. Kurt Mayer, which determines whether candidates for the SS and their wives have Aryan ancestry, and the *Rassenpolitisches Amt* (Race Policy Office) under Dr. Walter Gross, which acts as a kind of "whip" over the Public Health System in its execution of racial policies. Its local representative watches the local *Gesundheitsamt*, insuring that the Party's ideas on hygiene and genetic fitness are carried into the smallest village.

**Hauptamt fuer Volksgesundheit** (Chief Office for People's Health). This is the office on the Reich level which administers the health services of the Party. Its task is "the leading of each individual member of the German People's Community, and thereby the entire German People, to the optimum realization of their hereditary and racial potential, to their optimum health, and thereby to their optimum productivity . . ."<sup>1</sup> Like the Party itself, the *Hauptamt* maintains administrative units at the *Reich*, *Gau*, and *Kreis* (Reich, Party district, and county) levels. Its personnel at each of these levels is for the most part identical with the personnel at the equiva-

<sup>1</sup> *NS Jahrbuch*, Munich, Zentralverlag der NSDAP, 1944, pp. 188-9.

lent level of the Public Health System. Thus Dr. Leonard Conti is *Sachbearbeiter fuer alle Fragen der Volksgesundheit* (Commissioner for all Questions concerning People's Health), in which position he exercises supreme authority as the surrogate of Hitler; *Oberbefehlsleiter* (High Commander) of the *Hauptamt* and the Party health services it provides and controls; and *Reichsgesundheitsfuehrer* (Reich Health Fuehrer) in charge of the Public Health Division (Abteilung IV) in the Ministry of the Interior in which he is *Staatssekretaer* (State Secretary). Conti also holds high rank in the SS, for which Party provides medical service under his direction.

At the subordinate levels, the *Gauamt fuer Volksgesundheit* (Provisional Office for People's Health) is in close touch with the provincial offices of the Public Health System, its leader usually being the *Medizinaldirigent* attached to the office of the president of the provincial or regional government. At the lowest administrative level, the Leader of the County Office for People's Health is usually the physician in charge of the local Public Health Office. Just as in the Public Health System, the lowest administrative unit is the focus of all health services of the Party.

**The Kreisamt fuer Volksgesundheit.** This county office is the arbiter on local health matters, whether of the public or Party health services. Among its special services, it provides locally for the examination and care of members of the *Reichsarbeitsdienst* (Reich Labor Service), which on the district level has a health service headed by an *Arbeitsgauarzt* (Provincial Labor Physician). Each functional division of the Reich Labor Service has a *Gruppenarzt* (group doctor) and the actual working sections are supplied with *Vertragsaerzte* (contract physicians) who inspect the labor camps and visit patients therein upon specific request. Similarly, the *Kreisamt* provides health examinations for the *Hitler Jugend* (Hitler Youth), and the *Bund Deutscher Maedel* (League of German Maidens). On the Reich level, the *Hitler Jugend* has a health office under Dr. Richard Liebenow, which theoretically has charge of school examinations, but these are in abeyance for the duration.

The chief activities of the *Kreisamt* are three: extensive tuberculosis prevention work among Party members, including examinations, extra rations, and care in preventoria; and two functions designed to tighten the hold of the Party over the younger generation. These are the *Mutter und Kind* (Mother and Child) services, which give supplementary benefits to mothers and children in reliable Nazi families, and a service which makes arrangements for children to stay in rest-homes or resorts for therapeutic reasons or during vacation periods, and is generally concerned with the

housing of children in their own homes. By granting these special favors, the Party has retained the enthusiastic good will of Nazi mothers.

The underlying reason for the Party's concern for children is succinctly stated by a Silesian judge: "The law as a racial and national instrument entrusts German parents with the bringing up of their children only on the condition that they bring them up in the manner that the nation and state expect . . . It is above all necessary that a realization be awakened in children that they are members of a mighty nation, bound to their fellow-citizens in uniformity of opinion on fundamental matters . . ." <sup>2</sup> Hence this recurring emphasis on mother and child care, which has a purpose more political than medical.

**NS Welfare Organization.** The *Kreisamt fuer Volksgesundheit* exercises an important control of the health services provided by the *NS Volkswohlfahrt* (NSV) (NS Welfare Organization) in that physicians who wish to work for the NSV must be granted a special certificate of political reliability by the *Kreisamt*. The NSV is an arm of the Party, organized according to the same principles of structure and leadership. The NSV has established a *Fuehrer-korps* (Elite Guard) composed of political leaders of the Party, and is administered at the Reich level by Erich Hilgenfeldt, who was appointed by Hitler. The NSV section on social insurance dictates and coordinates with Party policy the policies of the Social Insurance System. Its *Hauptamt fuer Gesundheitsfuersorge* (Health Welfare Bureau), headed by Dr. Otto Walter, is organized on Reich, provincial, and county levels; its offices work in close association with People's Health offices on the same level, and carry on much the same activities, except that they serve individuals whose special needs cannot be met from their own resources.

The Health Welfare Bureau of the NSV provides local prenatal and postnatal consultation centers; rest and recuperation centers for "politically desirable" mothers, household aides for these mothers while on vacation, and nursing and management training centers for them; children's day-care centers, and recuperative and convalescent care for children and adolescents. The Bureau maintains a motorized dental ambulance service for school children. It also engages in extensive preventive campaigns among Nazi Party members, in particular against physical disability and against tuberculosis.

While the NSV is chiefly interested in providing noninstitutional health services which will reach the greatest number of people

<sup>2</sup> Court sentence in Waldenburg, Silesia, quoted by Deuel, *op. cit.*, p. 147.

and thus further the Party's influence and control, it does maintain a large number of institutions of various types. In 1937 the NSV conducted over 400 institutions having almost 36,000 beds, including general, maternity, and children's hospitals; special clinics for infants' and children's diseases, for eye, ear, and nose affections, for neuropaths, for developmental disturbances of adolescents, for drug addicts, and for the tubercular; sanatoria for children, adolescents, and various categories of adults; homes for nursing mothers, for mothers with children, and for infants and small children; as well as institutions for the crippled, the blind, deaf-mutes, epileptics, and the feeble-minded. Most of these institutions had existed under private auspices — many of them under the *Innere Mission* and the *Caritas Verband* — and were seized by the Nazis for their own purposes. How many are still in use for the indicated groups is unknown, but in view of the known shortage of hospital facilities for the civilian population, it would seem that by far the greater part have been taken over for the care of the war wounded.

#### HEALTH SERVICES OF THE GERMAN LABOR FRONT

Under the Weimar Republic, industrial medicine and hygiene were under the jurisdiction of the Ministry of Labor. A Central Office for Occupational Medicine and Hygiene, employing *Gewerbe-medizinalräte* (Industrial Medical Consultants), was attached to the Ministry. Until recently, factory inspection was still carried out by *Gewerbeinspektoren* (Factory Inspectors) and their assistants, *Gewerbeassessoren* (Factory Assessors). At the State level a *Regierungsgewerberat* (District Factory Councillor) was attached to the office of the *Regierungspraesident*.

Since the war, however, industrial medicine and hygiene have come increasingly into the hands of the Party and a Party affiliate, the *Deutsche Arbeitsfront* (DAF) (German Labor Front). The DAF was organized to encompass "all Germans who create with head or hand."<sup>3</sup> In addition to such routine services as the distribution of vitamins to workers and the provision of vocations, it provides medical services in factories and other industrial establishments through the *Amt Gesundheit und Volksschutz der DAF* (DAF Office for Health and Protection of the People), whose chief is Prof. Dr. Bockhacker.<sup>4</sup> Dr. Bockhacker provides the link between the health services of the Party and the Labor Front through his post as *Leiter des Hauptamtes fuer Volksgesundheit der NSDAP*.

<sup>3</sup> *NS Jahrbuch*, 1944, p. 190.

<sup>4</sup> Dr. Bockhacker's attitude toward health matters was disclosed in a quotation cited in chapter II, section on "Social Insurance-Narrowing in Functions."

The task of making available Germany's last remnant of work-power is entrusted to the "works doctors" employed by factories under the regulations of the DAF. Before the war, they numbered less than 300, and were mainly engaged in first aid and in general illness-prevention measures. By the end of 1944, however, there were almost 8,500 works doctors with 90,000 assistants— young medical students, nurses, and girls of the *Bund Deutscher Maedel*—to relieve them of minor services and clerical work. Treatment is given, as in the Public Health System, according to the economic value of the worker. When there is a conflict between health needs and the need for manpower, the latter has priority. For example, Dr. Esch, a Professor of Gynecology at the University of Muenster, was dismissed from his post in 1943, because of his article maintaining that factory work is not good for women.

That the essential function of the works doctor is to force attendance at work is made clear by the decree of September 1944 of Reich Health *Fuehrer* Dr. Conti. He stipulated that medical reports justifying absence due to illness, or certificates as to work suitability, may not be issued by personal physicians, hospitals, and nursing homes, but must be requested of the labor authorities, who will decide the merits of each case. This is intended to check that "small circle of compatriots . . . who, because of genuine or imagined illness, believe themselves not to be up to the demands of the hour."<sup>5</sup> Apparently there were many complaints, for press and radio propaganda followed immediately to "clear up the still widely current but erroneous idea that doctors in industrial enterprises were only out to force a fellow-German into a job, irrespective of his state of health."<sup>6</sup>

The priority of manpower over health needs is most clearly illustrated by the plan, now in its sixth year, for exploiting the labor potential of the tubercular. In 1939, of some 1.5 million T.B. cases in Germany, 400,000 were in the active lesion stage; of the latter 180,087 were hospitalized. When the plan was initiated, certain tasks required by the national economy were made the duty of patients in convalescent homes and tuberculosis institutions. "We should deal with this not as something given to the sick to occupy themselves with voluntarily and whenever they are in the mood for it, but as systematic and prescribed work."<sup>7</sup> In direct contradiction of the rest therapy which is now well established, a medical spokesman declared ". . . open lung tuberculosis must always be regarded as consistent with working capacity."<sup>8</sup> The

<sup>5</sup> DNB (*Deutsches Nachrichten Buero*), Sept. 13, 1944, monitored by FCC Sept. 14, 1944.

<sup>6</sup> *Ibid.*

<sup>7</sup> H. Steininger, "Wann ist ein Lungenkranker arbeitsfaehig?," *Medizinische Klinik*, 35:750, 1939, quoted by Gumpert, *op. cit.*, p. 51.

<sup>8</sup> *Loc. cit.*

main body of Nazi physicians went further: "What must be eliminated is the indefensible tuberculosis mania which has been bred by the tuberculosis educational campaign . . . The method by which this is to be done is in the line of appropriate integration with the Labor Front. We attach special significance to the planting of political activist forces of the German Labor Front in the workshops . . ." <sup>9</sup>

Physicians attached to sanatoria, physicians employed in T.B. welfare work by Public Health and NSV services, and physicians in private practice were obligated to report to the local employment office all T.B. patients who were "fit for work." The mass radiography campaign among worker groups, political and youth groups, and school children, of which so much has been made in the press and over the radio, has not been carried out as extensively as planned or as implied in the propaganda. There is some indication that detection of the disease by means of the campaign is considered undesirable, lest the discovery of great numbers of cases "impair the economy." <sup>10</sup> In September 1943 the *Deutsche Medizinische Wochenschrift* admitted that "experiments have shown that the employment of tubercular patients together with healthy workers is feasible only if the fact of their illness is kept a secret from the healthy workers." <sup>11</sup> As the war has progressed, in fact, the protection of the well has received less and less attention. "The capability of tubercular persons to infect others is definitely limited," asserted a decree of the Reich Tubercular Commission in June 1943. "Measures at home or at work which go beyond (the separation of those who cough much) . . . are unjustified and only likely to produce unnecessary fear of infection." <sup>12</sup>

In view of this program of so-called "labor therapy" for the tubercular, the popular mistrust of any medical treatment received at the hands of the works doctor is understandable. Yet the works doctor is coming more and more to replace other medical practitioners. In armament works, medical care by the works doctor is compulsory. More than 7,000 armament plants have their own works doctor, but among smaller plants, one works doctor may serve a district. The works doctor system is announced as a method of saving the time usually lost in traveling to and from the doctor's office or spent in his waiting room; the works doctor's office hours, moreover, are made to coincide with mealtime in the factory. In effect, the system limits still further the receding

<sup>9</sup> "Tuberkulosebekaempfung-und fuersorge am Arbeitsplatz," *Deutsche Medizinische Wochenschrift*, 1939, quoted by Gumpert, *op. cit.*, p. 51.

<sup>10</sup> *Kieler Zeitung*, July 1, 1943, quoted by OSS Report, *Health in Axis Europe*, p. 46.

<sup>11</sup> Quoted from OSS Report, *loc. cit.*

<sup>12</sup> Elizabeth Dehoff, "Tuberkulose Konstitution und Arbeitseinsatz," *Deutsches Tuberkuloseblatt*, April 1942, p. 73, quoted by OSS Report, *loc. cit.*

margin of medical choice left to the worker, who has lost the rights he once had under social insurance. ". . . For many thousands of armament workers the works doctor will also be the panel doctor who, if possible, will also attend to the dispensing of medicines, eliminating thereby the road to the pharmacist. Therapeutic treatment, massage, and so forth, are likewise to be given on the premises if possible. Any transfers to a specialist that may be necessary are effected by the practising works doctor."<sup>13</sup> The feeling among workers is that the factory doctor will pay as little attention to their ailments as the military doctor does to those of the recruit. They have been told again and again that "not consideration, but achievement" is the watchword of Nazi medicine.<sup>14</sup>

### MEDICAL CARE IN THE MERCHANT MARINE

Seamen under the Weimar Republic had been among the most progressive of all working groups, and their trade unions, among the most democratic. The Nazis, therefore, took particular pains to destroy the old union ties and to imprison the old union leaders. Through selection, education, organization, and coercion, the Nazis have welded the seamen into a mobile propaganda unit for National Socialism in every outpost at which their ships touch. Seamen are more rigidly supervised, both on board and during their stay in foreign countries, than are the workers in Germany themselves. Every officer is a trusted member of the Nazi Party. It may be assumed that ships' surgeons are among the most fanatical Nazis in the medical profession. The same assumption may be made with respect to the graduates of the *Institut fuer Schiffs- und Tropenkrankheiten* (Institute for Ship and Tropical Diseases) in Hamburg, where many ships' doctors are trained, and much of the scientific data for this phase of medical work is obtained.<sup>15</sup> When ships are in port, health services for seamen are provided by the close cooperation of the local Public Health Office which works with the harbor police, the Port Medical Officer, and the medical service furnished the merchant marine by the DAF.

### MEDICAL CARE OF FOREIGN WORKERS

The impressment of labor from abroad to work in German factories and fields is an innovation of the Nazis, who have used this device to meet their manpower needs and to quell resistance in occupied lands. Although "medical care of foreign workers" is a distinct euphemism, the topic is related to the subject matter of

<sup>13</sup> DNB, Sept. 15, 1944, monitored by FCC, Sept. 16, 1944.

<sup>14</sup> *Der Angriff*, May 7, 1944.

<sup>15</sup> See chapter IV, section on "Medical Training-Research Institutes."

this chapter. The Party, forced by the manpower shortage to expose even German Aryan workers to grave health risks, admits no obligation to keep in health those foreign workers whom Nazi racial theories rate low in the scale of values. Only where small numbers of foreign workers are employed in factories served by a works doctor of the DAF, would they be likely to come within the purview of the Party health services.

The kind of medical care received by foreign workers is indicated by an edict of the Pomeranian Department for People's Health of January 1942, which ordered that Poles were to be given leave for medical care only "in particularly serious cases . . . Doctors must not pay any unnecessary visits to Poles, and thus, as so often happens, withdraw important assistance from comrades. Every employer must, therefore, know that only in the most urgent cases must doctors be called in for the Poles, and even then are only at his disposal if the doctor has nothing else to do. Poles may not be in the same waiting room as German patients, but must wait apart and (if seen at all) will have special hours in the week reserved for them."<sup>16</sup> While the treatment of Poles is notably worse than that of other foreign workers, the ardent Nazi physician shows much the same attitude toward other nationalities. A Pomeranian doctor characterizes as "foreign rabble," the Poles, Lithuanians, Russians, Ukrainians, Czechs, French, and Dutch, who come to him for treatment. "Unfortunately," he writes, "the German has not learned to wield the well-tried old slave-whip, and spoils the rabble with X-ray examinations, ultra-violet rays, electric cardiograms, and similar achievements of modern medicine. I could cut things short with two unmistakable gestures: either that of shooting or that of hanging—it works quickly and empties the consultation rooms better than a vacuum cleaner."<sup>17</sup>

The Dutch workers have been considered the most closely allied by race to the Germans, and consequently have received better treatment than other foreign workers. Nevertheless a collaborationist Dutch reporter admitted that diphtheria and typhoid were epidemic in foreign workers' camps. The barracks are primitive, washing facilities inadequate, water-closets "unpleasant." The apathy of despair, mental depression, and the loss of the will to live have resulted in the neglect of elementary personal hygiene. With the number of physicians wholly inadequate even for the German population, "the doctors often show skepticism toward foreign workers who report sick . . . It is clear that the under-

<sup>16</sup> *Ostsee Zeitung und Stettiner Generalanzeiger*, Jan. 1, 1942, quoted by OSS Report, cited, p. 73.

<sup>17</sup> Quoted by OSS Report, *loc. cit.*

standable prejudice may sometimes lead to really serious cases of illness being overlooked . . ." <sup>18</sup>

The incidence of tuberculosis provides a rough index of the general health of the foreign workers. A sampling of 6,393 foreign workers showed 3.6 percent of active and 3.3 percent of inactive cases, as compared with .08 percent and .21 percent, respectively, for a sample of 10,500 Germans. <sup>19</sup>

### MEDICAL CARE IN CONCENTRATION CAMPS

Concentration camps are also an innovation of the Nazis, and the instrument of terror which is most widely known outside of Germany. As the camps are administered by the SS, the SS supplies physicians from its own ranks. These physicians are not only devoted Party members, but may also have been drawn from the *NS Bund Deutscher Aerzte der Wampfzeit* (NS League of German Physicians of the Period of Struggle, that is, the group of physicians who fought with Hitler before 1933). <sup>20</sup>

The following account of medical care in concentration camps is drawn from the experience of two former prisoners. <sup>21</sup> At Dachau and Buchenwald where 90 percent of the inmates were political prisoners, sanitary conditions, which were under the jurisdiction of the camp physician, were indescribably filthy. Water-closets built into the barracks could not be used because the water supply was inadequate. After barracks closing hours, prisoners were required to use buckets or other receptacles which were not emptied for days, and into which sick inmates confined to the barracks—even those with communicable diseases—eliminated as well.

Medical services were performed either by inmates or guards without medical training other than perfunctory instruction given them in the camp. They even undertook difficult surgery, including amputations. If prisoners were able to reach the camp clinic, they were considered ill only when they had an exceedingly high temperature. The sole treatment in most cases was "rest" within the barracks. According to camp regulations, however, "rest" cases had to police the barracks, including the emptying of buckets outside. Except in the case of particularly severe illness, "rest" cases were forced to join the morning roll-call of all camp inmates in the yard, and stand with their well fellow inmates for hours exposed to the hazards of the weather and the cruelties of the guards. At Buchenwald, no examination preceded physical punishment or tor-

<sup>18</sup> *Nieuwe Rotterdamsche Courant*, Feb. 26, 1944.

<sup>19</sup> *Der Oeffentliche Gesundheitsdienst*, V. 9, Pt. B, p. 1 (1943) quoted by OSS Report, cited, p. 45.

<sup>20</sup> See chapter IV, section on "Nazi Medical Organizations-National Sozialistischer Deutsche Aertzebund."

<sup>21</sup> Dr. E. Maratel, "Report on Concentration Camps Dachau and Buchenwald," and statement by A. H. Booth.

ture; at Dachau, however, it was customary for physicians to certify that prisoners could stand the punishment.

Besides providing "protective custody" for indefinite periods of time, concentration camps served also as "investigation jails" for the Gestapo. At Fuhlsbuettel, inmates under investigation received no medical attention from the camp doctor until the Gestapo permitted, that is, until they had made satisfactory confession. When inmates died as the result of torture, their death certificates gave "heart trouble," "kidney infection," and the like as the cause of death.

## IV. COORDINATION OF THE MEDICAL PROFESSION

### THE PHYSICIAN AND THE STATE

Whatever the field of medicine in which a physician is engaged, his primary obligation is not to his patient but to the National Socialist State. "The medical problem is not the treatment of a sick individual, dissociated from his environment, but the combating of the illness of a member of the community, ordered by the community and responsible to the community. The state cannot allow such an important class as the medical class, which holds in many ways a key position in the new society, to remain apart from the community."<sup>1</sup> The duty of a physician is "not only to cure his patient physically but to guide him mentally according to the principles of Nazi 'Weltanschauung' . . ."<sup>2</sup> Before a physician may be entrusted with these responsibilities, he must "define his attitude regarding the principles of National Socialism and its political philosophy,"<sup>3</sup> that is, he must accept and further these principles. Recalcitrance carries economic penalties, such as loss of official position and license to practise: "We will get an opportunity of withdrawing our approbation from doctors who, in a political sense, are unreliable," Dr. Wagner, Leader of the Party medical organization, announced at Stettin in 1936.<sup>4</sup>

To assure a politically reliable personnel for staffing the reorganized and coordinated health services of Germany, the Nazis regimented the medical profession by means of Party-controlled and State-controlled organizations. As has usually been the case under National Socialism, the Party organization antedated and shaped the policies of the State organizations. Party and State organizations exist side by side, with the Party organization exercising the predominant influence, just as health services are furnished by the Social Insurance and Public Health Systems, and the Party. These organizations are administered according to the "Fuehrer Principle;" the *Reichsaerzteordnung* (Reich Physicians Code) of 1934 states: "The will of the Reich Leader is alone determinant . . . It is the task of the administrative directors to give effect to this will . . . The idea of the Leader can only be realized

<sup>1</sup> *Nieuwe Rotterdamsche Courant*, April 14, 1942, as reported by the *Journal of the American Medical Association*, June 20, 1942, p. 662.

<sup>2</sup> Berlin correspondent, *Journal of the AMA*, March 27, 1939, pp. 2186 f.

<sup>3</sup> Dr. Wagner, speaking at Stettin January 21, 1936, quoted by *Nazi Guide to Nazism*, edited by Rolf Tell, Washington, American Council on Public Affairs, 1942.

<sup>4</sup> *Ibid.*

through *unconditional subordination*. In the framework of this idea, the administrative directors themselves assume the position of leaders in relation to the body of physicians in their district. Administrative directors are appointed by the Reich Leader and are responsible to him for the execution of his will. The orders of the Reich Leader have priority over those of [all other officials]."<sup>5</sup>

With physicians thus unconditionally subordinated to political leaders, they must—if they are to pursue their profession in Germany—carry out the decrees of the Nazi State, however these may violate the findings of medical research and experience, and may violate the sanctity of the persons of their patients. The body of medical ethics, slowly developed since the days of Hippocrates, has been discarded, and the confidential character of the doctor-patient relationship is no longer honored.

Further to assure a medical service obedient to the State, medical training provides indoctrination in Nazi racial theories, medical research is directed toward the justification of these theories, and auxiliary medical personnel—dentists, veterinarians, apothecaries, nurses, midwives, and laboratory technicians—are likewise trained and organized according to Nazi principles.

## NAZI MEDICAL ORGANIZATIONS

**National-Sozialistischer Deutsche Aerztebund** (NS League of German Physicians). The origins of this Party organization may be traced to the earliest days of Hitler's struggle for power, when Dr. Gerhard Wagner and Dr. Leonard Conti stood beside him, ministering to storm-troopers injured in brawls, and urging their colleagues to join the movement. The *Aerztebund* was organized openly in 1929 as the official Party medical society with a platform calling for the elimination of Jewish physicians from medical practice. By 1933, just prior to the seizure of power, its membership numbered some 5,000 or about 10 percent of the total number of physicians in Germany. These "old fighters" constitute the political elite of the profession today, as well as a special section within the *Aerztebund*, known as the *NS Bund Deutscher Aerzte der Kampfzeit* (NS League of German Physicians of the Period of Struggle). It is from their ranks that the Leaders of the medical profession have been drawn during the ensuing years.

Immediately after the seizure of power, opportunists hastened to join both the Party and the *Aerztebund*. Although physicians who joined at this time have also won honor and position in the new medical hierarchy, the highest honors have been accorded

<sup>5</sup> In this quotation "Leader" is a translation of "*Fuehrer*" rather than "*Leiter*."

the "old fighters," who jealously guard their prerogatives and continue to dictate appointments. The lists of the *Aerztebund* were closed in May 1933, but have been reopened from time to time, as political considerations advised, until virtually the entire profession has been admitted to membership.<sup>6</sup> Any physician in an official post at the time Hitler came to power found it advisable to join the *Aerztebund*, and any physician hoping for official appointment realized that membership was a prerequisite. In Germany, where the majority of physicians had earned part or all of their living as appointees under the Social Insurance and Public Health systems, economic necessity has been a strong factor in compelling membership. Strong pressure to join was brought to bear upon men of outstanding professional repute prior to 1933, inasmuch as their adherence would lend prestige to the organization.<sup>7</sup> Physicians who refused to join the *Aerztebund* and to conform in other ways became politically suspect, subject to the loss of their posts, and eventually liable to arrest. The majority appear to have submitted readily enough, once it was clear that the new regime was likely to endure.<sup>8</sup> Very few non-Jewish physicians, at any rate, have followed their Jewish colleagues into exile.

The Party has designated as the function of the *Aerztebund* the direction of "all measures of health and health-political import. All Party formations and affiliated organizations can be active in the sphere of health concerns only in accordance with the directions of the Chief Office for the People's Health."<sup>9</sup> The *Fuehrer* of the *Aerztebund*, appointed by Hitler, appoints and dismisses the members of the Chief Office (*Hauptamt fuer Volksgesundheit*)<sup>10</sup> and the Leaders of the other Party health services at the Reich level. These in turn appoint the Leaders of the subordinate offices at the Gau and Kreis levels. The office of the *Aerztebund* at each level maintains a close control of appointments and activities in both the Party and the Public Health services at that level. The *Aerztebund* has established a leadership training school, the *Fuehrerschule der Deutschen Aerzteschaft* (*Fuehrer School of the German Medical Profession*), at Alt-Rehse, Mecklenburg.

The following groups of auxiliary medical personnel are organized by the Party as sections within the *NS Deutscher Aerztebund*:

<sup>6</sup> A physician who joined the *Aerztebund* did not necessarily join the Party. He could join either or both. Loyal Party members would feel compelled to join the Party organization appropriate to their professions.

<sup>7</sup> For example, the eminent surgeon, Dr. Ferdinand Sauerbruch, has accepted decorations from Hitler, and, until recently at least, has been Hitler's personal physician. American physicians, who are his former students, have pleaded in extenuation that Sauerbruch protected his Jewish assistants from persecution. Nevertheless the Party cannot have failed to acquire considerable prestige because he allowed himself to be identified with it.

<sup>8</sup> Some commentators have pointed out that a factor inducing ready submission was jealousy of the professional eminence attained by some Jewish physicians. By eliminating Jewish members of the profession, moreover, the field of competition for place was narrowed.

<sup>9</sup> *NS Jahrbuch*, 1944, pp. 207-8.

<sup>10</sup> Discussed in chapter III.

dentists (*Verband Deutscher Zahnärzte*), dental technicians (*Verband Deutscher Dentisten*), veterinarians, and apothecaries.<sup>11</sup>

The leadership of the Party and State medical organizations was conferred by Hitler upon the two physicians who early rallied to his cause. Leonard Conti was rewarded with the position of *Reichsgesundheitsführer* (Reich Health *Führer*), and placed in charge of the Department of Public Health in the Ministry of the Interior. The Party honors went to Gerhard Wagner. He was made *Reichsaerztführer* (Reich *Führer* of Physicians), in which capacity he had charge of the *Aerztebund* and the *Hauptamt fuer Volksgesundheit*, the office which controls Party health activities. On Wagner's death in 1942, Conti succeeded Wagner as *Reichsaerztführer*, and thus now controls both Party and State health services and professional organizations.

**Reichsaerztekammer (RAK)** (Reich Chamber of Physicians). This is the State medical organization, corresponding to the *NS Aerztebund*. Organizationally it is an adjunct of the Division of Public Health of the Ministry of the Interior, although its headquarters are in the *Haus der Aerzte* in Munich. The RAK has legal status as a corporation of public law, and like the Party and Public Health services and the *Aerztebund*, operates on the Reich, provincial, and district levels. Since the RAK has jurisdiction over the licensing of physicians to practice, it has complete control of professional activity. Its decrees are enforced by the *Deutscher Aerzterichtshof* (German Disciplinary Court for the Medical Profession), operating at the district level.

In order to qualify for a license, the physician must prove to the RAK that he possesses "national and moral reliability" in accordance with Nazi standards. A license is refused if the applicant and his or her spouse cannot prove their Aryan ancestry back to their grandparents. If a licensed physician marries, he must submit to the district association the documents concerning the ancestry of his wife. The small number of Jewish physicians who were permitted to continue their practice were allowed to care only for Jews. Non-Jewish physicians could not call upon Jewish physicians as substitutes, or refer non-Jewish patients to Jewish specialists or hospital physicians. All those who had lost their German citizenship (that is, Jews after 1938, and non-Jews who had violated any government decree) automatically lost their medical licenses. After 1938, Jews were no longer permitted the title of "physician," but were called *Behandler* (Practitioner). A physician who is refused a license may perform no auxiliary medical function, such as that of masseur. Foreign physicians have been li-

<sup>11</sup> See section on "Organization and Training of Auxiliary Medical Personnel," below.

censed only in proportion to the percentage of their nationals in the total population; and are permitted to practise only among their compatriots. Since the war, these restrictions have been somewhat modified and Jewish physicians have been permitted to care for prisoners of war.

Every phase of a physician's professional activity is minutely regulated; failure to comply with the various decrees of the Chamber makes the practitioner subject to a fine of 1 to 10 thousand marks, as well as the loss of his license. Practicing without a license is punishable by fine and imprisonment up to 1 year. On the other hand, anyone eligible to practice is in duty bound to do so, upon pain of penalty if he gives up his practice.

**Kassenaerztliche Vereinigung Deutschlands (KVD)** (Association of Sickness Insurance Doctors of Germany). Inasmuch as the social insurance funds are under the jurisdiction of the Ministry of Labor, the KVD is an adjunct of this Ministry. The *Fuehrer* of the KVD, however, is Dr. Conti, Leader of the *Aerztebund* and the *Aerztekammer*.

Membership in the KVD is mandatory for any physician who engages, or wishes to engage, in insurance practice. On the provincial and district levels, the KVD regulates admissions to insurance practice and administers decrees which apply to insurance practice and practitioners.

## MEDICAL TRAINING

**Universities and Medical Schools.** Consonant with the coordination of the medical profession with the political purposes of the Nazi State has been the coordination of university teaching, scientific research, and the content of medical journals. "The whole medical education," it was decided, "must be revised and given another spirit. . . . New teachers must be carefully chosen, because they must be fit to educate the new generation of physicians in the principles of the physician's communal task in every sphere of medical science."<sup>12</sup> This edict was in line with the coordination of the universities in every sphere of learning.<sup>13</sup>

Upon Hitler's accession to power, Nazi students, assistants and instructors seized the posts held by Jewish scientists and physicians of national and international repute. "The Jews cultivate medical science only with the purpose of killing non-Jewish people. The whole medical science, whether carried on by Jews or in Jewish spirit by non-Jews, is a fraud."<sup>14</sup> "If the German people

<sup>12</sup> *Nieuwe Rotterdamse Courant*, April 14, 1942, quoted by the *Journal of the AMA*, June 20, 1942.

<sup>13</sup> In this connection, see Civil Affairs Guide, *German Higher Education and Adult Education under Military Government*, WD Pamphlet 31-119.

<sup>14</sup> *Deutsche Volksgesundheit aus Blut und Boden*, February 1935, as quoted in *Nazi Guide to Nazism*, cited.

are to recognize and trust a medical science, the first condition is that it originate from German blood, which means that it is produced by German men," asserted Julius Streicher, whose paper, *Deutsche Volksheilkunde* (German Folk Healing) led the fight against the contributions of "Rudolf Virchow who looked like a Jew; against the Jew Paul Ehrlich, who invented Salvarsan and sentenced millions of Germans to sickness, and death; against the Jews Wasserman and Neisser. Without exception, the works of these biggest scientists can be eliminated. They are no good, but only methods of unpunished Jewish robbery and murder."<sup>15</sup>

Non-Jewish but "politically unreliable" professors were the next to be superseded. "The medical art will liberate itself from all symptoms of illness," announced Dr. Reiter, President of the Reich Health Office, "only by expelling strange ideas and substituting for them the political philosophy of National Socialism."<sup>16</sup> Prof. Dr. Schulze, Reich Leader of University Lecturers, insisted that "the universities . . . have the task of creating the type of teacher who combines political reliability, firmness of character, and professional knowledge. But most certainly political reliability is to be regarded as the most important quality."<sup>17</sup> According to the *Fuehrer*, "greater value is to be attached to character than to so-called scientific education."<sup>18</sup>

Pre-Nazi medical education had been of an exceedingly high caliber. Despite the new political animus, an effort continue the quality of research and instruction in the basic medical sciences appears to have been made, but it has been a losing battle. The curriculum of the 23 universities of Germany has been thoroughly Nazified and standardized. Two courses, one on Racial Hygiene and one on the Science of Human Heredity, have been introduced into the medical curriculum in every university. In addition, every one of the 384 medical courses given is supposed "to stress the superiority of the Nordic man."<sup>19</sup> All courses are "to be *zugespitzt*, pointed toward a definite objective—to create good Nazi leaders."<sup>20</sup>

The length of the semesters has been shortened repeatedly; even before the war, actual class instruction was cut to 20 weeks per year in order to give students and faculty more time for Party activities. If any member of the faculty has Party duties, he may further curtail this period by suspending his classes for a week at

<sup>15</sup> Feb. 16, 1935, quoted by *ibid.*

<sup>16</sup> *Deutsches Aerzteblatt*, October 1935, quoted by *ibid.*

<sup>17</sup> Meeting of National Socialist lecturers at Elster, May 3, 1938, quoted by *ibid.*

<sup>18</sup> Said at a meeting of the *Reichstag*, January 30, 1939.

<sup>19</sup> Gregor Ziemer, *Education for Death*, cited, p. 173, quoting Prof. Schweder.

<sup>20</sup> *Ibid.*, p. 174.

a time. Since students are desirous of making progress in the *Studentenbund* (Student League) and in the Party, they prefer to attend the lectures of those professors who have the highest rank in the Party organizations. Some courses have been so poorly attended as to be canceled entirely. Students who miss most of their classes because of Party duties are given special consideration in the final examinations. Dr. Scheel, Reich Students' Leader, summed up the dominant viewpoint: "The German students recognize the necessity for a university, but they cannot passively consent to it before it is completely organized in the National Socialist spirit."<sup>21</sup>

Since the war, the medical course has been further curtailed in order to speed up the training of doctors. At the outset of the war, the 11-semester course was reduced to 10 semesters, and almost 6,000 medical students were licensed without having served their year of internship. Various short-term substitutes for the year of internship were introduced and arrangements made for their fulfillment during the holiday period. In 1940, the German medical curriculum was judged by the AMA correspondent in Berlin to be shorter than that of any other country in the world. Since that time it has been further reduced to a period of 40-60 weeks of actual training.

Student life has been militarized. Older professors of medicine are said to be in despair because students have interest only in war surgery and medicine.<sup>22</sup> The authorities have been indulgent with students thus inadequately prepared; in 1942, the Minister of the Interior urged re-examination of those who had failed to pass their examinations the first time, and "consideration of conditions imposed by the war."<sup>23</sup> The following year he issued a decree aimed at easing the requirements for examination of medical students who are called into army service before completing their preclinical studies. In increasing numbers, medical students are called from their studies and assigned as assistants to works doctors and army surgeons.

A number of universities have been destroyed by bombing, including the universities of Hamburg and Rostok. Eight have been closed by manpower and other shortages induced by the war. So far as medical courses have remained open, they are permitted to admit only the war-wounded, who have received military study leaves, and those discharged from the armed forces and incapacitated for work.

<sup>21</sup> Said at a German student rally at Heidelberg, June 25, 1938, and reported by *Nazi Guide to Nazism*, cited.

<sup>22</sup> Ziemer, *op. cit.*, p. 173.

<sup>23</sup> OSS Report, cited, p. 77.

**Research Institutes.** Before National Socialism imposed its racial theories upon the field of science, Germany's many research institutes enjoyed world-wide renown. Approximately two-thirds of these institutions were connected with the medical faculties of universities under the jurisdiction of the Ministry of Education, while the rest functioned under the Public Health System of the Ministry of the Interior. In 1933, most of these institutes, especially those engaged in research on subjects having a social aspect, such as hygiene and psychiatry, were coordinated with Nazi political purposes, Nazi personnel was added, and non-Nazis were removed from their posts. Even where the subject of research belonged to the realm of pure science, the post of Director was filled by a Nazi or an ostensible Nazi, on the principle that, "Science, like every other human product, is racial and conditioned by blood."

The following institutes are outstanding exponents of Nazi racial theories:

*Kaiser Wilhelm Gesellschaft zur Foerderung der Wissenschaften*: the Anthropology Institute located in the main building at Berlin-Dahlem; under Eugen Fischer, who has been in charge of the training of all public health officials in Nazi racial ideology;

*Deutsche Gesellschaft fuer Rassenhygiene*, Munich, headed by Dr. H. F. K. Guenther and Dr. Walter Gross;

*Deutsche Gesellschaft fuer Vererbungswissenschaft*, Dresden.

Psychiatric and psychological institutes, which have undergone drastic Nazification are:

*Deutsche Gesellschaft fuer Psychologie*, Goettingen, under Dr. Narziss Ach;

*Akademie fuer Militaer-Medizin*, Berlin, section on military psychology, under Pintschovius and Jaensch;

*Institut fuer Industrielle Psychologie*, Braunschweig;

*Forschungs-Anstalt fuer Psychiatrie*, Munich, under Dr. Ruedin, whose special concern is psychology in relation to Genetics.

Other institutes heavily under Nazi influence are the Institute of Hygiene in Berlin, headed by Heinrich Zeiss whose field is "geomedicine," and the Genealogic-Demographic Institute, which is part of the *Deutsches Psychiatrische Institut* in Munich. The *Institut fuer Schiffs-und Tropenkrankheiten* of Hamburg, while renowned for its scientific achievements and the great competence of its research staff, has long been animated by an intensely nationalistic point of view. It has been closely associated with geo-

political thought and the "Ausland" propaganda of the pre-Nazi as well as of the Nazi period. Its graduates are likely to be among the most fanatical Nazis in the medical profession of Germany. In general, institutes and faculties concerned with any aspect of social hygiene, or with any of the medical phases of geo-politics, are certain to be under Nazi influence and leadership.

The war has made drastic changes in the research institutes as well as in the universities. Since the war began, at least 20 new institutes, principally for research in phases of war medicine, are said to have been founded, while the former medical research institutes have been largely closed down or turned to war purposes. Even the *Kaiser Wilhelm Gesellschaft*, whose institutes throughout western Germany and in Berlin covered all fields of medicine, biology, pharmacology, and veterinary medicine in the past, has since the war been limiting itself to war medicine and the production of *ersatz* material. In 1942, Goering was appointed to the post of President of the Reich Research Council, whose function is the coordination of the research activities of German scientists in the interests of total war. When Dr. Karl Brandt was made Commissar-General for Medical and Health Services in 1943, the fields of medical science, research, and medical supplies came under his jurisdiction.

**Medical Publications.** The Nazis, who have used every medium of expression for the purposes of propaganda, have redirected medical literature from objective scientific inquiry to the development and propagation of Nazi racial theories. The medical press is under the control of the *NS Deutscher Aerztebund* and the *Reichsaerztekammer*, the Party and State medical organizations, and editors and publishers of medical journals are Party members. Publishing houses, which for years had enjoyed a world-wide reputation for scientific probity and competence, have been completely coordinated. The publications of the Lehmann Verlag of Munich were outspoken proponents of Nazism long before 1933, and immediately thereafter the Springer Verlag of Berlin, the Gustav Fischer Verlag of Jena, the Hippokrates Verlag of Stuttgart and Munich, turned their publications into propaganda organs for the New Order. Especially zealous in advocating the Nazi blood dogma are the following periodicals: *Aerztliche Mitteilung*, *Deutsche Medizinische Wochenschrift*, *Muenchener Medizinische Wochenschrift*, *Soziale Praxis*, *Zentralblatt fuer Psychotherapie*, *Zeitschrift der deutschen Gesellschaft fuer Psychologie*, and *Zeitschrift fuer Angewandte Psychologie*.

Agencies affiliated with the Ministry of the Interior publish journals which outline the official position on racial matters. The

*Reichsgesundheitsamt* publishes the *Reichsgesundheitsblatt*. The *Reichssippenamt* puts out the *Allgemeines Suchblatt fuer Sippenforscher* (General Reference Gazette for Genealogical Research Workers), published by Metzner of Berlin, and the *Schriftenreihe der Reichsstelle fuer Sippenforschung* (Notes of the Reich Office for Genealogical Research), published by the Registrar's Office Publishing Company of Berlin. The *Reichsausschuss fuer Volksgesundheit* puts out *Volk und Rasse* (Nation and Race) under the auspices of the Lehmann Verlag. The German Red Cross publishes the *Deutsches Rote Kreuz*, and the *DRK Schriftenreihe*.

In the autumn of 1944, it was announced that, in accordance with the total mobilization decree, publication would be discontinued of all periodicals which did not fulfill a function essential to war. Those permitted to continue would be reduced in size, and only one publication was allowed in each major technical field. Medical journals were to be discontinued unless they published material in the field of military medicine.

Papers presented at professional meetings have likewise been made to conform in content and scope with Nazi racial theories and the political purposes of the Party and State medical organizations. The subjects discussed at medical conferences are concerned with aspects of racial theory and developments in vitamins, war surgery, and prophylaxis against the spread of infection among German troops in disease-ridden areas. A "Science Congress Center" has been established to advance Nazi racial ideology at international scientific gatherings.

#### **ORGANIZATION AND TRAINING OF AUXILIARY MEDICAL PERSONNEL**

**Dentists.** Dentists are organized along the same lines as physicians. In order to practice, a dentist must be licensed by and be a member of the *Reichszahnaerztekammer* which, like the *Reichsaerztekammer*, is a corporation of public law under the Ministry of the Interior. Dr. Conti is the *Fuehrer* of both. The Party organizations for dentists, *Verband Deutscher Zahnaerzte*, and for dental technicians, *Verband Deutscher Dentisten*, are organized as sections within the *NS Deutscher Aerztebund*. Both are under the leadership of Dr. Stuck. Dentists for insurance associations are organized in the *Kassenzahnaerztliche Vereinigung Deutschlands* (Association of German Sick Insurance Dentists), and dental technicians, in the *Kassendentistische Vereinigung Deutschlands*, both under the jurisdiction of the Ministry of Labor.

The training of a *Zahnarzt* is at the university level, and includes three preclinical and four clinical semesters. The extent

to which the course has been curtailed since the outbreak of war is not known. There is, however, so great a shortage of dentists that the universities have encouraged admissions to the dentistry course even where they have been forced to reduce admissions to other professional courses. In order to save dental materials and economize on personnel, severe restrictions have been introduced with respect to treatment.

The shortage of dentists has been relieved by the utilization of dental technicians for minor dental therapy. No university training is required of dental technicians, but they must serve 3 years of apprenticeship and pass a state examination before they are licensed.

While the political tasks of the dental profession have not been so widely discussed as those of physicians, the possibilities for ideological indoctrination by dentists appear not to have been overlooked. As one of the leaders of the profession suggested, the dentist has a waiting room where his patients read and reflect, he can talk to his patient under conditions which make the patient particularly susceptible, and, therefore, he must practice his profession in the interests of the National Socialist philosophy of life. To prepare the dental profession for its political tasks, a special 4-weeks' period of training was added to the university course in dentistry.

**Veterinarians.** The coordination of veterinarians follows the pattern for the other professions. They are organized by the Party into a section of the *NS Deutscher Aerztebund*, under the leadership of Dr. Weber, and by the State into the *Reichstieraerztekammer* (Reich Chamber of Veterinarians), a corporation of public law under Division III of the Ministry of the Interior, and under the leadership of Dr. Conti. Every veterinarian must be licensed by the Chamber. The *Deutscher Tieraerztergerichtshof* (German Disciplinary Court for the Veterinary Profession) enforces the decrees of the Chamber. Two veterinarians of contemporary prominence are Prof. Waldemann, President of the Reich Research Institute for Combating Animal Virus Epidemics, and Prof. Dr. Schultze, *Generaloberstabsveterinaer* (Chief Veterinary of the General Staff), Veterinary Inspector of the Army High Command.

**Apothecaries.** These are likewise organized into a corporation of public law, the *Reichsapothekerkammer* (Reich Chamber of Apothecaries) under the Ministry of the Interior. The Chamber's decrees are enforced by the *Apothekergerichtshof* (Disciplinary Court for Apothecaries). The Party organization for apothecaries is a section of the *NS Deutscher Aerztebund*. The training for

this profession comprises 2 years of apprenticeship followed by a university course of six semesters (somewhat shortened since the introduction of the trimester), and by 2 more years of practice before a responsible position may be assumed.

**Nurses.** There are five groups of nurses, belonging to five different organizations.

1. *Die Diakoniegemeinschaft* (Society of Deaconesses) of the Evangelical Church comprises all trained nurses belonging to the *Mutterhaeuser und Schwesternschaften der Inneren Mission* (Motherhouses and Nurses' Federations of the Inner Mission), as well as large numbers of semitrained nurses and helpers.

2. *Die Schwestern des Deutschen Caritas-Verbandes* (Nurses of the German Caritas Association) comprises all Roman Catholic trained nurses as well as lay members.

3. *Reichsbund der Freien Schwestern und Pflegerinnen* (Reich League of Free Nurses and Nurses' Attendants) comprises non-religious trained nurses and their helpers.

4. Red Cross Nurses are organized into the *Schwesternschaft des Deutschen Roten Kreuzes* (Nurses Federation of the German Red Cross).<sup>24</sup>

5. The *NS Schwesternschaft* (NS Nurses' Federation) is frequently referred to as the *Braune Schwesternschaft* (Brown Nurses' Federation), and was intended to serve as the "Storm Troop" group among the nurses. It is controlled by the *Fachausschuss fuer das Schwesternwesen* (Special Committee on Nursing) of the *NS Frauenschaft* (NS Women's Organization) and its Leader, Gertrud Scholtz-Klink.

Efforts to convert nurses to the purposes of National Socialism began immediately on Hitler's seizure of power. In intramural meetings it was stressed that nurses, because of their close contacts with the population, could be of immense aid to the security authorities. In 1937, all nurses not members of the Catholic, the Lutheran, the Red Cross, or the National Socialist organization, were required to join the Free Nurses' Federation (No. 3 above). By 1942, all nurses' organizations had been gathered together under the aegis of the *NS Schwesternschaft*, and the Special Committee on Nursing. Administration at the Reich level is in the hands of Frau Moser, *Reichsoberin* (National Matron) of the *NS Schwesternschaft*, assisted by representatives of the *NS Frauenschaft*. At the district level administrative assistants, who must be members of the *NS Schwesternschaft*, are in charge; and at the provincial level, is the *Gauvertrauensschwester* (Gau Nursing Counselor, or head nurse), who also serves in an advisory capacity.

<sup>24</sup> See chapter II, section on "Private Agencies."

ity as a delegate to the *NS Schwesternschaft*. At the county level, the *Kreisvertrauensschwester* (County Nursing Counselor) serves voluntarily as the supervisor of all local nurses. In each local community, a *Gemeindeschwester* (District or Community Nurse) functions at the local NS Nursing Station.

Prior to the war, 3 years of training were required of all trained nurses, but under pressure of war shortages, the course has been reduced to 2 years. It is somewhat less for Red Cross nurses, and considerably less (1 year to 1½) for nurses and "sisters" who care for infants and small children. While the training of the NS nurses is no shorter than that of regularly trained nurses, so much of their training is political in character and so largely devoted to NS welfare issues, that they are looked down upon professionally by the fully trained nurse. From the viewpoint of the regime, however, they are the elite of the profession to whom has been assigned the task of "educating their fellow-citizens to National Socialist and healthy conceptions of living" and "the adaptation of the community to National Socialist principles."<sup>25</sup> They have been widely used in occupied territories to hasten the process of Nazification. At home, their special field of activity is in cooperation with the Public Health System, and here too, they are called in to assist politically in districts where there is anti-Nazi sentiment.

Nurses' aides are being provided in great numbers by the *Bund Deutscher Maedel*, to compensate for the shortage of nurses. On the other hand, nurses are being used in place of physicians in factories where there is severe shortage of doctors.

**Midwives.** Midwives have been far more widely used in Germany than in the United States. Approximately 75 percent of the births in Germany are delivered by midwives, who must also be present at the remaining 25 percent of births which present some abnormality requiring the attendance of a physician under the law. Since 1940, midwives may lawfully administer drugs. The training consists of an 18-month course at a state-approved institution or university hospital, followed by a state examination. A 2-week refresher course is required every 5 years, and reexamination every 3 years. In some rural areas, they are employed by the district, but for the most part they work in institutions or are self-employed. When practicing on their own, midwives are sent the majority of their cases by the sickness insurance funds. However they practice, they are under regulation and are supervised by the *Amtsarzt*. The national organization of midwives is the *Reichs-*

<sup>25</sup> *Die Maedelschaft-Blaetter fuer Heimabendgestaltung im BDM*, January 1938, quoted by Ruth and Robert W. Kempner, *op. cit.*, Pt. I, p. 100.

*hebammentschaft* (Reich Association of Midwives) of which Frau Nanna Conti, mother of Dr. Leonard Conti, is the Leader. Membership is mandatory on all midwives.

**Laboratory Technicians.** There are two categories of laboratory assistants in Germany, assistants and "helpers." The helpers assist physicians in X-ray work, physical therapy, clinical-chemical tests, and in general routine. Following the completion of certain general requirements, helpers must have 1 year of professional training at a state-approved institution. Assistants, of whom 2 years of professional training are required, may make routine microscopical examinations under medical supervision, assist in radium-therapy, make tissue examinations, and do bacteriological work. Under the Weimar Republic, the majority of helpers and assistants were organized into trade unions, and their interests were protected by union contracts. Under the Nazis, they are required to be members of the *NS Bund Deutscher Techniker* (NS League of German Technicians).

Since 1938, in preparation for war, the Party has been training young girls over 14 years of age, members of the *Bund Deutscher Maedel* (BDM), to act as assistants to women physicians, to nurses in industrial plants, and to independent nurses. There were 40,000 such *Gesundheitsmaedel* (Health Maidens) before the beginning of hostilities, and the number has undoubtedly increased rapidly since. As these girls, like all of the BDM, are organized and indoctrinated from childhood by the *NS Frauenschaft* (NS Women's Organization), it may be anticipated that they will be among the most fanatical Nazis among the health personnel.

**Nature Healers.** Even before the Nazis, *Heilpraktiker* (Nature Healers) existed in greater numbers in Germany than in the United States. Some medical training was required of them, much as in the case of American physiotherapists. They were required to be licensed and they were not permitted to dispense or prescribe drugs or to assume the title of "Arzt" (physician) or any other which might mislead a prospective patient.

Nazi scientific obscurantism, as apotheosized by the doctrine of *Blut und Boden*, and glorification of physical culture have tended to raise the prestige of the *Heilpraktiker*, and to rally them to the banner of Hitlerism. Their support was welcomed not alone because of their numerical strength and influence among the rural population, but also because they offered a "pure German" alternative to treatment by "Jewish medicine." Julius Streicher, the publisher of the notorious anti-Semitic *Der Stuermer* (Vanguard) is likewise the publisher of the sheet, *Volksheilkunde* (Folk Healing), which led the attack on the contributions to medical science

of Ehrlich and Wassermann. "Blood," declared *Volksheilkunde*, "is the only basis of health . . ." Purifying the blood by such methods as "home healing," "the herbs of old Teutonic lore," and "the coldwater treatment from the hose" is the only cure necessary.<sup>26</sup> *Volksheilkunde* also made war on vaccination, calling vaccine "alien albumen poison" and declaring that it was not responsible for the plummetlike drop in small-pox cases from 18,000 to a few hundred after Jenner's discovery was made public in 1874; the drop could rather be accounted for by the fact the first chair of Hygiene was established at the University of Munich in that year. Typical of *Volksheilkunde* are articles entitled "Sleep with Your Head to the North," "Nordic Feeding," "The Best Bed for Rheumatism—A Sack of Dried Ferns," "Bio-Chemistry, the New Science of 'Mineral-Salts'-Health-Teaching." Nor was Streicher the only prominent Nazi to endorse the Nature Healers. In 1935, the Nature Healers concluded their Nuremburg Congress by celebrating a National Day of German Folk Healing, when 5,000 delegates were addressed by Reich Minister Rudolf Hess and Dr. Gerhardt Wagner, Reich *Fuehrer* of Physicians until his death in 1942. "I have given up my faith in the old 'scientific' medicine and have now become one of you with whole-hearted allegiance to the new 'nature healing'," vowed Hess. Dr. Wagner again stressed the relationship between the physician and the State: "National Socialism will not halt before the fools of the German technical schools and the fools of science. If today we are going to create a new science of healing, it can never be based on the overestimated discoveries of the old science; it must be based on National Socialist world philosophy."<sup>27</sup>

In 1936, the *Reichsarbeitsgemeinschaft fuer eine Neue Deutsche Heilkunde* (National Organization for a New German Nature Healing) was set up and held its first national convention. A layman, Wegener, member of the Expert Advisory Public Health Council of the Ministry of the Interior, and Director of the National Federation of Associations for Life and Therapeutic Method in Conformity with Nature, gave the key address: "What Relationship Exists between the Popular Healing Movement and the New German Medicine?" The Congress of International Medicine held its first session jointly with the afore-mentioned organization, and was addressed on similar subjects: "Nature Medicine within the Bounds of Academic Medicine," "New German Medicine—Physicians and Graduate Study," and "Scientific Nature-Medicine."<sup>28</sup>

Cooler heads within the medical profession appear to have pre-

<sup>26</sup> Quoted by R. M. Thurston in "The Nazi War on Medicine," *New Republic*, December 4, 1935.

<sup>27</sup> *Ibid.*

<sup>28</sup> *Journal of the AMA*, 106:1509, 1936.

ailed to a degree, and inoculation, salvarsan treatment, etc., were not legally outlawed, but the political influence of the Nature Healers did not wane. The government finally gave Nature Healers legal recognition in 1939, by granting them rights similar to those of physicians and the privilege of calling themselves "Physicians." They are said to have been admitted to insurance practice and apparently to institutional practice as well. There is an authenticated report that a friend of Streicher's, placed in charge of a large hospital in Nuremberg, exposed a pneumonia patient to the fresh-air cure in the dead of winter. He was later removed on the insistence of Sauerbruch, Hitler's erstwhile physician.

Before the war there were approximately 10,000 Nature Healers (31 for every 100 physicians), of whom 3,000 were members of the *Deutsche Heilpraktikerschaft* (Federation of German Nature Healers). This is a Party organization, with headquarters in Munich, and is under the leadership of Dr. Conti. By 1943 there were believed to be some 12,000 practitioners. While the ranks were presumably closed in 1939, persons who show an aptitude for certain forms of medical treatment have been admitted after examination for a special short medical course. The shortage of physicians, together with the shortage of drugs which has led to the requirement that almost no pharmaceuticals of any kind may be dispensed without a prescription, has undoubtedly had the effect of multiplying both the number and the influence of the Nature Healers.

### MEDICAL ATROCITIES IN OCCUPIED LANDS

It can occasion no surprise that German physicians, who have carried out racial laws on the persons of Germans, and who have subordinated the function of healing the sick and prolonging human life to the political purposes of the Nazi State, have participated in the crimes and atrocities committed by the Nazis in occupied territories. The medical profession, indeed, has added refinements of torture to the Nazi apparatus of terror.

When the German tide began to recede from the lands of the Soviet Union, the Soviet Government set up an "Extraordinary State Committee for the ascertaining and investigation of crimes committed by the German-fascists invaders and their associates, and the damages caused by them to citizens, collective farms, public organizations, State enterprises and institutions of the USSR."<sup>29</sup> A number of medical and medico-legal experts take part in the work of this Committee, and in addition, Soviet physicians who be-

<sup>29</sup> Title of the Committee as translated in the *Soviet Information Bulletin*, Washington, published by the Embassy of the USSR. The Bulletin publishes reports made by the Committee on the death camps of Lublin, the Donets Basin, Lvov, etc.

long to the Academy of Sciences have undertaken investigatory activities for the Soviet Scientists Antifascist Committee. These Committees have established the complicity of German physicians in the crimes committed by the Nazis in the East, and their specific responsibility for such atrocities as the branding of war prisoners, the massacre of mental patients, the draining of blood from children for transfusing German war wounded, and the deliberate infection of populations with typhus in order to erect an epidemic barrier between the advancing Red Army and the Wehrmacht. German physicians have performed experimental operations on healthy prisoners of war, and have used civilians as guinea pigs in testing poisonous substances. The victims of these experiments have been photographed and exhibited to visiting German physicians. On the orders of the chief physician of German prisoner of war camps, all Jewish doctors and many Soviet doctors in the occupied territories have been executed. Medical schools and museums have been plundered, and hospitals, clinics, research laboratories, and sanatoria have been blown up as the Germans retreated.

In November 1944, the U.S. War Refugee Board published a report on the German extermination camps at Auschwitz and Birkenau in Poland, which corroborates the findings of the Soviet Committees. Between April 1942 and April 1944, approximately 1,765,000 persons were gassed in Birkenau alone. Many of these were gassed immediately on arrival at the camp; others were made to work. The camp doctors witnessed the gassings, and also selected for gassing those no longer able to work, and killed by intracardial injection with phenol those who had been ill more than a month. In a special section of the camp infirmary, experiments were performed on inmates, such as sterilization by X-ray and artificial insemination of women.

As the Germans have been pushed back from France, Belgium, and the Netherlands, evidence has been uncovered of atrocities in the West similar to those committed in the East. The French Press and Information Service has issued two reports on the Natzweiler "death factory" in Alsace. "The barracks housing the crematorium had two waiting rooms in which the victims were forced to undress before entering one of the two rooms opposite—the execution chamber and the vivisection room. The execution chamber had a cement floor which sloped toward the center so that the blood might be drained off easily. From this chamber, the bodies went directly to the furnaces. The vivisection room contained only a dissecting table. Between these two rooms was the

neat little office of the resident doctor."<sup>30</sup> Over a period of 2 years, political prisoners were subjected to all types of experiments; they were inoculated with the germs of typhus, cholera, bubonic plague, and leprosy; they were subjected to various types of poison gas; inmates were blinded, then after their sight was restored, they were executed and burned. Each time the medical faculty at the University of Strasbourg needed corpses for anatomy classes, the Natzweiler executioners were called on.

The identity has already been established of many of the German physicians who have been guilty of these crimes against the peoples of Europe. For the most part, they have participated as army doctors and members of the SS, whose previous records and experience are as yet unknown. The Extraordinary State Committee of the USSR intends to call the guilty to strict account; Professor N. I. Propper-Grashchenko, Corresponding Member of the Academy of Sciences of the USSR writes: "We are confident that the international tribunal which will try the German soldiers, generals, and other officers for the crimes and atrocities they have committed, will also make German doctors who have committed similar crimes answer for them."<sup>31</sup>

<sup>30</sup> Jacques Fano, "Visit to the Natzweiler Death Factory," published by *Le Parisien Libere*, and issued as Document Serie II, No. 1816F, January 2, 1945.

<sup>31</sup> *Soviet Information Bulletin*, cited, v. 4, no. 81, July 18, 1944.

## V. RECOMMENDATIONS

Whether the Third Reich collapses as the result of total military defeat or complete surrender, or whether collapse occurs gradually as the result of capitulation of one area after another, the immediate tasks of denazifying the health services and medical profession of Germany will not differ in kind. Whether in the whole of Germany or in a subdivision thereof, the same laws should be abrogated, records of the same agencies seized, funds of the same offices impounded, the same agencies abolished, and personnel attached to the same agencies arrested or detained.

The problem of administering the health system and distributing fairly what health services are available may, however, be measureably greater if the Third Reich as a whole collapses at once. The health situation confronting United Nations occupation authorities will be compounded on the following factors, each more difficult to cope with in larger than in smaller areas. The already severe shortage of doctors and trained auxiliary personnel will be increased by the arrest and detention of active Nazis among their ranks. Sanitary services will have broken down as a result of lack of repairs and maintenance, and military operations. The population, already debilitated by underfeeding, excessive hours of work, overcrowding and lack of housing, traumatic injuries, and the fact of defeat, will be liable to epidemic infections. The break-down of communications and transport, while the latter may provide a barrier against the spread of epidemics, will prevent ready transfer of health services and personnel from one area to another less adequately supplied.

In addition to the recommended denazification measures, therefore, an emergency health program is proposed, in order to—

- a. Ensure the public safety by preventing epidemics which would endanger United Nations armed forces and interfere with military operations and/or occupation measures;
- b. Maintain such health standards among the German people as will ensure their physical ability to provide such goods and services as may be required by United Nations armed forces, and as may be specified by the United Nations authorities for the supply of liberated areas and for use within Germany;
- c. Distribute fairly among the German people such health services as may be available.

the emergency health program is to be provided with staff adequate to carry out these objectives, it is recognized that it may be impossible to institute immediately the thorough purge of medical and auxiliary personnel demanded by the facts enumerated in the text of this report. Fully half of the medical and auxiliary medical personnel of Germany is believed to be guilty of complicity in the Nazi racial program. Under these circumstances, methods are suggested for identifying those members of the professions whose militant support of Nazism preclude their being at large, and for determining those members of the professions who are more likely to be guilty of Nazi activities. The elimination of all manifestations of National Socialism in the field of medical care will necessarily be a long-term process, and one which can be entirely accomplished only by rising democratic forces in Germany.

The future organizations of the health services of Germany, and the reorganization of professional training and professional associations to meet the needs of the future health services, are matters not considered to lie within the scope of this report.

#### ABROGATION OF LAWS

1. It is recommended that upon occupation the following laws and decrees be abrogated forthwith:

*Gesetz zur Verhuetung erbkranken Nachwuchses*, July 14, 1933 (RGB1. I, 529), (Law for the Prevention of Hereditarily Diseased Offspring, providing for compulsory sterilization) ;

*Gesetz gegen gefaehrliche Gewohnheitsverbrecher*, November 24, 1933 (RGB1. I, 995), Article 42a of the Criminal Code, (Law against Habitual Criminals, providing for castration) ;

*Gesetz zum Schutze des deutschen Blutes und der deutschen Ehre*, September 15, 1935 (RGB1. I, 1146),<sup>1</sup> (Law for the Protection of German Blood and German Honor, forbidding sexual relations between Aryans and non-Aryans) ;

*Gesetz zum Schutze der Erbgesundheit des deutschen Volkes*, October 18, 1935 (RGB1. I, 1246) (Law for the Protection of the Hereditary Health of the German People, providing for certificates of fitness before marriage) ;

*Gesetz zur Foerderung der Eheschliessungen*, (Law for the Promotion of Marriages) section V of the *Gesetz zur Verminderung der Arbeitslosigkeit* (Law to Decrease Unemployment) June 1, 1933 (RGB1. I, 323) ;

<sup>1</sup> Abrogation also recommended by Civil Affairs Guide: *Elimination of Fundamental Nazi Political Laws in Germany*, WD Pamphlet 31-105.

*Gesetz zur Steuer Ermaesigung fuer kinderreiche Familien*, (Law for Tax Abatement for Large Families) ;  
*Veroerdnung ueber die Gewaehrung von Kinderbeihilfen an kinderreiche Familien*, (Decrees concerning Grants of Child-Subsidies for Large Families) September 15, 1935 (RGB1. I, 1160) ;

Statutes discriminating against Jewish physicians:

*Reichsaerzteordnung* (Reich Code for the Medical Profession) Article 3, No. 5, December 13, 1935 (RGB1. I, 1433), (denied medical licenses to Jewish applicants) ;

*Vierte Verordnung zum Reichsbuergergesetz* (Fourth Ordinance under the Reich Citizenship Act) July 25, 1938 (RGB1. I, 969) (revoked the licenses of all Jewish physicians) ;

Statutes discriminating against auxiliary professions:

*Reichstieraerzteordnung* (Reich Code for the Veterinary Profession) Article 3, No. 5, April 3, 1936 (RGB1. I, 347) (denied veterinary licenses to all Jewish applicants) ;

*Bestallungsordnung fuer Apotheker* (Code for the Licensing of Apothecaries) Article 6, No. 6, October 8, 1937 (RGB1. I, 1118) (denied apothecary's licenses to Jewish applicants) ;

*Krankenpflegeverordnung* (Code Concerning the Nursing Profession) Article 27, September 28, 1938 (RGB1. I, 1310) (prohibited Jews from nursing "Aryans") ;

*Hebammengesetz* (Law concerning Midwives) Article 7, No. 4, December 21, 1938 (RGB1. I, 1893) (makes the same provision with regard to midwives) ;

*Achte Verordnung zum Reichsbuergergesetz* (Eighth Ordinance under the Reich Citizenship Act) January 17, 1939 (RGB1. I, 47) (revoked the licenses of all Jewish dentists, veterinarians, and pharmacists).

## ABOLITION OF INSTITUTIONS, OFFICES, AND AGENCIES<sup>2</sup>

2. It is recommended that, immediately upon occupation, the following institutions, offices, and agencies, concerned with the execution of Nazi racial policies and the propagation of Nazi principles, be abolished entirely, except where a section or function thereof is specified:

a. *Erbgesundheitsgerichte* (Sound Heredity Courts), under the Ministry of Justice;

<sup>2</sup> In this connection, see also the recommendations in Civil Affairs Guides: *Dissolution of the Nazi Party and its Affiliated Organizations* (WD Pam. 31-110), *Elimination of Nazi Public Agencies in Germany* (WD Pam. 31-133), and *Public and Private Welfare Organizations in Germany* (WD Pam. 31-163).

b. The following, under the jurisdiction of the Ministry of the Interior:<sup>3</sup>

*Sachverstaendigenbeirat fuer Bevoelkerungs- und Rassenpolitik* (Advisory Committee of Experts on Population and Race Policy) ;

The section of the *Reichsgesundheitsamt* (Reich Health Office) dealing with eugenics and race hygiene ;

*Wissenschaftliche Gesellschaft der deutschen Aerzte des Oeffentlichen Gesundheitsdienstes* (Scientific Society of German Public Health Officials) ;

*Reichssippenamt* (Reich Genealogical Office) ;

*Reichsausschuss fuer Volksgesundheitsdienst* (Reich Committee for Public Health Service), as well as all subsidiary organizations under section I of this Committee ; The duties and functions of the *Gesundheitsaemter* (local Public Health Offices) pertaining to racial and eugenic policy, such as sterilization and castration clinics, marriage license examinations, matrimonial advice centers, marriage loan bureaus, and especially the function of maintaining individual and family index files ;<sup>4</sup>

*Deutsches Rote Kreuz and the DRK Schwesternschaft* ;<sup>5</sup>

c. All Nazi Party health services, including the following :

*Rassenpolitisches Amt* (Race Policy Office) ;

*Amt fuer Sippenforschung* (Office for Genealogical Research) ;

*Hauptamt fuer Volksgesundheit* (Chief Office for People's Health) and its affiliated offices on the *Gau* and *Kreis* levels ;

*Hauptamt fuer Gesundheitsfuersorge* (Health Welfare Bureau) and the section on social insurance of the NS Volkswohlfahrt ;<sup>6</sup>

*Amt Gesundheit und Volksschutz der Deutschen Arbeitsfront* (Office for Health and Protection of the People of the German Labor Front) ;<sup>6</sup>

d. Professional chambers organized as corporations of public law under the Ministry of the Interior, and their offices on the provincial and district level, as follows :

*Reichsaerztekammer* (Reich Chamber of Physicians) ;

*Reichszahnaerztekammer* (Reich Chamber of Dentists) ;

*Reichstieraerztekammer* (Reich Chamber of Veterinarians) ;

<sup>3</sup> See below, "Suggested Principles for Emergency Medical Care," on reorganization of the health and welfare functions of the Ministry of the Interior.

<sup>4</sup> See below, recommendations 5 and 11b.

<sup>5</sup> These organizations have since 1937 been key instruments of Nazi policy, whatever were their connections with the International Red Cross up to the outbreak of war.

<sup>6</sup> The entire organization would, of course, be abolished as an affiliate of the Nazi Party.

*Reichsapothekerkammer* (Reich Chamber of Apothecaries) ;

e. Disciplinary courts, under the supervision of the Ministry of Interior, as follows:

*Deutscher Aerztegerichtshof* (German Disciplinary Court for the Veterinary Profession) ;

*Apothekergerichtshof* (Disciplinary Court for Apothecaries) ;

f. Mandatory professional associations for those engaged in insurance practice, organized under the Ministry of Labor:

*Kassenaerztliche Vereinigung Deutschlands* (Association of Sickness Insurance Doctors of Germany) ;

*Kassenzahnaerztliche Vereinigung Deutschlands* (Association of Sickness Insurance Dentists of Germany) ;

*Kassendentistische Vereinigung Deutschlands* (Association of Sickness Insurance Dental Technicians of Germany) ;

g. Professional organizations of the Nazi Party, as follows:

*NS Deutscher Aerztebund* (NS League of German Physicians), and its affiliate, *NS Bund Deutscher Aerzte der Kampfzeit* (NS League of German Physicians of the Period of Struggle) ; also its section for dentists, *Verband Deutscher Zahnaerzte*, and for dental technicians, *Verband Deutscher Dentisten*; and its sections for veterinaries and apothecaries ;

*NS Schwesternschaft* (NS Nurses Federation), together with the *Fachausschuss fuer das Schwesternwesen* (Special Committee on Nursing) of the *NS Frauenschaft*;<sup>7</sup>

*NS Bund Deutscher Techniker* (NS League of German Technicians) ;

*Deutsche Heilpraktikerschaft* (Federation of German Nature Healers) ;

*Reichshebammenschaft* (Reich Association of Midwives) ;

h. *Reichsarbeitsgemeinschaft fuer eine Neue Deutsche Heilkunde* (National Organization for a New German Nature Healing).

3. It is recommended that the facilities of the foregoing be placed at the disposal of the occupation authorities, for use in connection with such programs as the proposed emergency health program.

4. It is further recommended that abolition of these institutions, offices, and agencies not preclude the formation, on a democratic basis and under United Nations supervision, of voluntary organizations of the medical profession and auxiliary medical personnel,

<sup>7</sup> The *NS Frauenschaft* would also be entirely abolished as an affiliate of the Nazi Party.

nor preclude the subsequent incorporation of such voluntary organizations by a newly constituted German government as agencies of that government. Nor should abolition of the *Deutsches Rote Kreuz*, as presently constituted, preclude organizations of a new German Red Cross by the International Red Cross in accordance with the principles of the latter organization.

#### **SEIZURE OF RECORDS<sup>8</sup>**

5. It is recommended that the records and files of the institutions, offices, and agencies listed in recommendation 2 be seized by the occupation authorities and placed under military guard. Such records and files contain information of vital importance to the United Nations, and will be particularly useful in connection with the purge of Nazi personnel. Records and files pertaining to race and genealogy should under no circumstances be permitted to revert to the custody of Germans; when they have served the purposes of the occupation authorities, they should be destroyed. It is urgent that the records and files of every local Public Health Office (*Gesundheitsamt*) be seized immediately upon occupation of any town, city or rural county, inasmuch as these offices have been the focus of the Nazi racial program and contain the index files of each member of the population.

#### **IMPOUNDING OF FUNDS<sup>9</sup>**

6. In order to provide funds for such programs of medical care as the proposed emergency health program, it is recommended that all funds of the insurance and pension system—both compulsory and voluntary, public and private—ordinarily allocated to the payment of medical benefits, and all funds at the disposal of the Party Health Services and the *Deutsches Rote Kreuz*, be impounded and placed at the disposition of the occupation authority charged with the control of public safety and health.

#### **CLOSING OF MEDICAL SCHOOLS AND RESEARCH INSTITUTES<sup>10</sup>**

7. It is recommended that immediately upon occupation all medical schools and research institutes be closed temporarily, pending purge of personnel and reorganization under United Nations supervision.

8. It is further recommended that those research institutes,

<sup>8</sup> See Civil Affairs Guide: *Preservation and Use of Key Records in Germany* (WD Pam. 31-123).

<sup>9</sup> See Civil Affairs Guides: *Old Age and Invalidity Insurance in Germany* (WD Pam. 31-166); *Property of the Nazi Party, Its Affiliates, Members and Supporters in Germany* (WD Pam. 31-124); *Public and Private Welfare Organizations in Germany* (WD Pam. 31-163); and *German Public Property* (WD Pam. 31-125).

<sup>10</sup> See Civil Affairs Guide: *German Higher Education and Adult Education under Military Government* (WD Pam. 31-119).

which are engaged in racial, genealogical, demographic, and geo-medical research, not be permitted to reopen. Such institutes comprise at least the following: *Deutsche Gesellschaft fuer Rassenhygiene, Munich*; *Deutsche Gesellschaft fuer Vererbungswissenschaft, Dresden*; Institute of Hygiene, Berlin, and the Genealogic-Demographic Institute which is attached to the *Deutsches Psychiatrische Institut* in Munich.<sup>11</sup> Great care should be taken to ensure a thorough purge of the *Institut fuer Schiffs- und Tropenkrankheiten* of Hamburg, inasmuch as it has long been a proponent of "Ausland" propaganda and extreme nationalism. The *Fuehrerschule der Deutschen Aerzteschaft* (Fuehrer School of the German Medical Profession) should not be permitted to reopen.

9. Few medical journals are being published since the order of the autumn of 1944. It is recommended that, pending purge of officials, the publications be suspended of the following firms: *Lehmann Verlag* of Munich, *Springer Verlag* of Berlin, *Gustav Fischer Verlag* of Jena, and the *Hippokrates Verlag* of Stuttgart and Munich. It is also recommended that publications which have already been discontinued not be permitted to resume operations pending reorganization of the health services of Germany.

#### DENAZIFICATION OF PERSONNEL

It is assumed that medical personnel connected with SS and prisoner of war camps in occupied lands will be listed as war criminals and dealt with under orders issued by the highest United Nations authorities.

10. It is recommended that, in addition, the following persons be arrested and held for trial for crimes committed within Germany:

a. All physicians and assistants employed in or found on the premises of concentration camps within Germany;

<sup>11</sup> Chapter X, Public Health, of the Germany Basic Handbook issued by the Ministry of Economic Warfare, London, England, has been revised since the preparation of this report, and now contains additional intelligence regarding the leaders of Germany's medical apparatus, including the following, who should be added to the above list:

- Vizepraesident* Dr. Wiedel, Leader of Division A of the *Reichsgesundheitsamt*, Medical Legislation and Public Health Administration;
- Dr. Reiter, President of the *Deutsche Gesellschaft fuer Hygiene* (German Hygiene Society), Berlin, RGA Subcommittee I—on Hygiene;
- Dr. Hartmann, President of the *Deutsche Gesellschaft fuer Vererbungs-Wissenschaft* (German Society for Hereditary Science), Berlin, RGA Subcommittee I;
- Dr. Edward Schuett, Director of Division L of the RGA, Genetics, "... the 'Brains Trust' and intelligence section of Himmler's and Conti's most sinister activities . . . a sort of General Staff of the Gestapo and SS . . . under the clever and harmless-looking camouflage of 'science' . . . planner and intellectual perpetrator of such crimes as the Maidanek murders and the system of 'racial' discrimination among Germans and foreign workers in Germany . . .";
- Dr. Dubitscher, staff-member of Division L, Section I, General and Applied Racial and Genetic Matters, Chief physician of the Berlin *Poliklinik fuer Erb-und Rassenpflege* (Polyclinic for Genetic and Racial Hygiene), and consultants to the Berlin *Erbgesundheitsgerichte* and *Erbgesundheitssobergericht*;

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b. All physicians and assistants employed in the sanitaria at Grafeneck, Hartheim, and Linz;

c. All nonprisoner physicians and assistants who may be found in foreign workers' camps;

d. The heads of the various health services, who in their official capacities are responsible for the planning and enforcement of Nazi racial policies, including the following:<sup>11</sup>

Dr. Leonard Conti, *Reichsgesundheitsfuehrer* and *Reichsaerztesfuehrer*;

Dr. Cropp, his assistant in Division IV of the Ministry of the Interior;

Dr. Stuck, Deputy leader of the *Verband Deutscher Zahn-aerzte* and *Verband Deutscher Dentisten*;

Duke of Sachsen-Coburg-Gotha }

Dr. Ernest Grawitz }

Leaders of the DRK;

Dr. Karl D. Handloser, Chief of the Wehrmacht Medical Service;

Dr. Karl Brandt, Commissar General for Medical and Health Services;

Dr. Otto Walter, Leader of the *Hauptamt fuer Gesundheits-fuersorge* of the *NS Volkswohlfahrt*;

Prof. Dr. Bockhacker, Chief of the *Amt Gesundheit und Volksschutz der DAF*;

Gertrud Scholtz-Klink, *Reichsfrauenfuehrerin*;

Frau Moser, *Reichsoberin der NS Schwesternschaften*;

Frau Nanna Conti, *Leiterin der Reichshebammenschaft*.

11. Because of the shortage of medical personnel in Germany, and the urgent need for medical care which may exist upon the occupation of Germany, it is not feasible to dismiss from their posts officials of the Sicknes Insurance and Public Health systems or incumbents of positions in the Party health services. The occupation authorities may find it necessary to make use of this

*Continued from page 60*

Dr. med. Kresiment } staff-members of Section I of Division L, and consultants to the Berlin  
Dr. med. Matzdorff } *Erbgesundheitsgerichte* and *Erbgesundheitsobergericht*;  
Dr. Phil Goettner }

Professor Dr. Edler von Neureiter, Leader of Section II of Division L, Criminal-biological Research, and director of three institutes, the *Kriminalbiologische Institut* of the University of Berlin, and experimental stations at the *Frauengefaengnis* (Women's Prison), Berlin, for research on juvenile female criminals, and at the *Untersuchungsgefängnis* (Research Prison), Berlin, for research on suspect adults;

Dr. Robert Ritter, Leader of the *Rassenhygienische und Bevoelkerungsbiologische Forschungsstelle* (Racial Hygiene and Population Biology Research Station), Section III of Division L;

Professor Dr. Guenther Just, Leader of the *Erbwissenschaftliches Institut* (Institute of Hereditary Science), Section IV of Division L;

and the additional Leaders of the professional associations and chambers:

Dr. Kurt Blome, deputy *Reichsaerztesfuehrer*;

Herr Blumenstein, *Reichsdentistenfuehrer*;

Dr. Schmeirer, *Reichsapothekerfuehrer*.

personnel. Moreover, this personnel has been so thoroughly corrupted by 12 years of National Socialism that it is unsafe to dismiss and leave at large any persons who have occupied key posts in the health services under the Nazis. It is recommended, therefore, that the following persons be detained under guard—wherever possible in the living quarters attached to the premises of institutions, such as hospitals, sanitaria, etc., so that they may be available to furnish medical service under supervision—and held for investigation of their Nazi activities:

a. All physicians and auxiliary medical personnel who hold or have held the position of Leader or Deputy Leader on the Reich, provincial, and local level in the professional organizations listed in recommendation 2*d*, *f*, *g*, and *h*;

b. All physicians and auxiliary medical personnel who hold or have held administrative positions under the Ministry of the Interior, as listed in recommendation 2*b*, including all personnel associated with the racial-political functions of the *Gesundheitsamt* whether at the Reich, provincial, or local level;

c. All physicians and auxiliary medical personnel who hold or have held administrative positions in the insurance system under the Ministry of Labor;

d. All physicians and auxiliary medical personnel who hold or have held the position of Leader or administrative position on the Reich, provincial and local level in the Nazi Party health services, as listed in recommendation 2*c*, as well as all physicians and auxiliary medical personnel serving in an administrative capacity the *Hitler Jugend*, the *Bund deutscher Maedel*, and the *Reich Arbeitsdienst*, and all doctors in the Merchant Marine;

e. All rectors, deans, and heads of departments of medical schools and schools for the training of auxiliary personnel, and all physicians and anthropologists giving courses on race, heredity, and eugenics in such institutions;

f. All directors of research institutes, and the entire staffs of those institutes engaging in racial and eugenic research, as listed in recommendation 8;

g. The owners, managers, and editorial staffs of those professional publications which have propagated the Nazi racial program, as listed in recommendation 9, (especially the *Reichsgesundheitsblatt*);

h. Medical and administrative directors, heads of medical departments, heads of laboratories, head nurses, head technicians, and the chiefs of the office administration and personnel of all hospitals and institutions for the aged, crippled, the insane, and the feeble-minded, with the exception of those operated by the

*Innere Mission* of the Evangelical Church and the *Caritas Verband* of the Catholic Church;

i. Party cell-leaders or Party representatives who may be stationed for purposes of espionage and propaganda within any of the above-mentioned professional organizations, medical schools, research institutes, publishing companies, hospitals, and institutions.<sup>12</sup>

This program of denazification, instituted immediately upon occupation, would remove from the health services and medical and auxiliary professions of Germany the perpetrators, supporters, and executants of the Nazi racial program. The investigation made during the period of detention should allow each individual the opportunity to offer proof that he has not been and is not an active Nazi, or that he does not subscribe to and has not carried out Nazi racial policies, or that he is even a confirmed anti-Nazi who has conformed outwardly for purposes of protection.<sup>13</sup> However, once the hold of the Nazi Party is broken by military defeat or surrender of Germany, many militant Nazis may attempt to disclaim connection with the Party. For this reason, it will be essential to provide investigators with criteria which will aid in the identification of active Nazis in the medical and related professions, and reveal the extent of their participation in Party councils.

One means of identifying active Nazis among those recommended above for detention is to check their names against the files seized in accordance with recommendation 5. Whatever the context, the letters "Pg." preceding the name of an individual indicate a "*Parteigenosse*" (Party Comrade or member of the NSDAP). Party membership, however, became a prerequisite not only for appointment to administrative posts but also for employment in many cases. Joining the Party may have been a gesture of conformity or may have been used as a cover for underground activity. On the other hand, lack of Party membership does not constitute proof of anti-Nazism; in some cases, militant Nazis may have been instructed to avoid overt connection with the Party. Further tests will, therefore, be necessary.

The most important source for the identification of physicians is the file of the *Reichsaerztekammer*, which has controlled the licensing of physicians. A complete file for the Reich is known to have been kept in the Chamber's headquarters in the *Haus der Aerzte* in Munich. Files pertaining to local physicians have also been

<sup>12</sup> It is known to have been a common practice of the Nazis to station cell-leaders and representatives among professional groups, both to promote regimentation of the group and to report on dissidents. Since these tasks are highly confidential, it may be difficult to identify those holding such positions, except with the help of informers.

<sup>13</sup> For example a factory doctor, employed in one of the largest enterprises in the Ruhr-Rhine area, presided over a conference of underground groups which met in the Rhineland in December 1942.

kept in the offices of the Chamber at the provincial and local level; on the local level, the files are available in the office of the *Amtsarzt* (local Health Officer) in charge of the *Gesundheitsamt*. Similar files of those licensed to practice are maintained by the *Reichszahnaerztekammer*, *Reichstieraerztekammer*, and *Reichsapothekerammer*. These files list the names of those licensed together with an account of their activities.

Party numbers will also aid in determining militant Nazism. Those who joined the Party prior to January 30, 1933, whose Party cards will bear numbers up to 1,500,000, can be assumed to be Nazis of deep conviction. Physicians and auxiliary personnel in this group constitute the "old fighters" who were the first to be placed in high office on Hitler's seizure of power. Those who joined the Party immediately after 1933 will hold cards numbered from 1,500,000 to 3,000,000 (the latter is the 1935 Party membership total). This group constitutes the opportunists who, because they had to convince the Party of their reliability, have in some cases been guilty of greater excesses than members of the old guard. Party cards numbered above 3,000,000 may indicate either the youth of the individual or conformity under pressure on the part of older individuals.

In the absence of Party membership files, the records should be carefully scrutinized of those physicians who were students in the years just prior to 1933, and of those licensed between 1930 and 1935. Individuals of this age-group, who enjoyed sudden advancement to posts ordinarily requiring years of preparation and experience, are certain to have been active Nazis. Graduates of research institutes, especially those mentioned in recommendation 8, can be assumed to be militant propagandists of National Socialism and its racial theories. Contributors to rabidly Nazi medical journals can also be assumed to be zealous adherents.

The Nature Healers can be assumed to be strongly biased in favor of National Socialism, since they were raised to a position of virtual professional equality with physicians during the regime. This group should be carefully checked and kept under surveillance inasmuch as the loss of their unwarranted privileges may predispose them to resentment and disruptive activity.

As with the rest of the population of Germany, the medical and auxiliary professions may, upon investigation, divide themselves into three categories: proven Nazis who are militant exponents of Nazi racial theory, apolitical conformists, and proven anti-Nazis. On the basis of present information, it is believed that the number of proven Nazis may comprise fully half of the prewar total of German physicians, or about 24,000. The proportion of proven

Nazis among dentists and apothecaries may be about the same. The measures to be taken with respect to these individuals are matters for decision on higher levels of United Nations authority. Certainly during the first period of occupation, and for some time thereafter, they should not be allowed to practice or to be at large. Temporarily they should be kept in concentration camps. It may be possible to use many of this group to provide medical care, under strict surveillance, to concentration camps and to labor battalions engaging in the reconstruction of areas the Germans have ravaged. It may also be possible to use very small groups of well-trained older men to provide medical instruction, laboratory and research techniques, and public health procedures in these same areas if the need for their services is sufficiently great to induce the populations to tolerate their presence and provide surveillance. It is not impossible that considerable numbers may be able thus to work their way back into acceptance as decent members of society and respectable members of their professions.

The number of genuine anti-Nazis still to be found among professional groups is not believed to be considerable. Because some may have enlisted in the army prior to the war, it is suggested that investigations be made of physicians and dentists serving in the Medical Corps of the Wehrmacht. Others may have long since suffered arrest because of their resistance, and may now be imprisoned in concentration camps and prisons. In view of the announced Nazi intention to plant "martyrs" in the concentration camps, it will probably be unwise to accept imprisonment as *a priori* evidence of anti-Nazism. In general, physicians of the age group of 60 or over are likely to prove more trustworthy than the younger group. Particularly in the Catholic regions of Bavaria, Wuerttemberg, Silesia, the Rhineland, and parts of Westphalia, there may be a number of trustworthy older men who have continued to practice in Catholic institutions. Catholic priests and pastors of the Evangelical Church who are found in concentration camps may provide a good deal of assistance in identifying anti-Nazi professional personnel among their coreligionists. The identification of anti-Nazi professional personnel might be delegated to known members of resistance groups and to exiled physicians, who might be recalled for a brief period as advisers to the occupation authorities. Once the neighborhood contacts of resistance groups and exiled physicians have built up a professional corps which is believed to be reliable, the members of the corps in turn might be able to draw in trustworthy members of their own professional groups.

While the proportion of proven Nazis among the dentists and

apothecaries is believed to be about the same as among the physicians, no such generalization is possible with respect to the other auxiliary medical personnel. Specifically, the proportion of proven Nazis among midwives, Nature Healers, and the two federations of nurses, the *NS Schwesternschaft* and the *DRK Schwesternschaft* may be far higher, possibly almost 100 percent, than the proportion of proven Nazis in the general population. Among the other auxiliary professions, much will depend upon the extent to which they had been organized into trade unions under the Weimar Republic, and the number of old trade unionists still to be found in their ranks. The latter should be able to render valuable service in the identification of active Nazis and anti-Nazis.

### **SUGGESTED PRINCIPLES FOR EMERGENCY MEDICAL CARE**

It is primarily upon the small number of anti-Nazis and the much larger number of apolitical conformists that reliance will have to be placed for providing medical care for the German population during the emergency period. This group, which may total somewhere between 16 and 18 thousand, will not be able to provide anything approaching adequate or evenly distributed medical care under the prevailing conditions unless the program is organized on a mass basis. While it will be necessary for the occupation authorities to initiate any program of emergency medical care, and to retain over-all control during the period of occupation, it would seem desirable to have the program administered by trustworthy German physicians. In the first place, they are experienced in the operation of the Social Insurance and Public Health systems. Secondly, no opportunity should be provided for attributing to the occupation forces any break-down or inefficiency, whether occasioned by objective limitations or by sabotage. Thirdly, only a limited number of United Nations medical personnel will be available for control of the program.

It has been suggested elsewhere that a new government Ministry of Public Health and Welfare be established, and that the emergency health services be organized under its jurisdiction.<sup>14</sup> Because of the widespread destruction of facilities and the shortage of personnel it is likely that little beyond the minimum functions of a traditional public health service can be made available in the emergency period. These minimum functions comprise food inspection, notification of communicable diseases, maintenance of quarantine regulations, laboratory analysis, and sanitary inspection. In view

<sup>14</sup> See Civil Affairs Guide, *Elimination of Nazi Public Agencies in Germany* (WD Pam. 31-133).

of the destruction of housing, building inspection will be largely irrelevant.

In planning any emergency health program, two requirements have particular urgency: the need for the most efficient utilization of available personnel, both German and United Nations, and the need to reduce to a minimum opportunities for abuse of the confidential relation between doctor and patient. In view of these factors, the following principles for emergency medical care are suggested:

a. Medical care should be provided only in hospital wards and out-patient clinics;<sup>15</sup>

b. All private practice should be prohibited whether in institutions, the physician's private residence, or in the home of the patient, except that home calls may be made in emergencies by physicians of proven reliability who are assigned to these duties by the out-patient clinics;

c. Free choice of physician should not be permitted; assignments of patients to physicians should be made by the clinics in accordance with the personnel available and the illness requiring treatment, except that Jewish patients should not be forced to accept treatment from non-Jewish personnel, and known anti-Nazis among the patients should have the right of appeal to the United Nations control officer in the locality for assignment to a physician they trust.

<sup>15</sup> In rural areas it may be necessary to depart from this regulation and assign a single physician of proven reliability to cover the area. He should, however, be required to report to the public health administration in the area.

